

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H54381

FILED
Apr 04, 2005
Secretary of State

Entity Name: COASTAL DESIGNS, INC.

Current Principal Place of Business:

1960 SOUTH SEGRAVE ST.
SOUTH DAYTONA, FL 321192128

New Principal Place of Business:

Current Mailing Address:

1960 SOUTH SEGRAVE ST.
SOUTH DAYTONA, FL 321192128

New Mailing Address:

FEI Number: 59-2529135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER, ROBERT E.
595 W. GRANADA BLVD.
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOVEL, A. ASHTON
Address: 136 SEA ISLE CIR
City-St-Zip: SO DAYTONA, FL 32119

Title: ST () Delete
Name: ZIMMERMAN, CARL RAY,
Address: 6025 PARK RIDGE DRIVE
City-St-Zip: PORT ORANGE, FL

Title: VP () Delete
Name: DAVIS, CLARENCE
Address: 125-C GOLDEN EYE DR
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VP () Delete
Name: BECKER, AARON
Address: 6219 POPULAR GROVE DR
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASH DOVEL

PRES

04/04/2005

Electronic Signature of Signing Officer or Director

_____ Date