

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90364 001 ***150.00
04-27-2005 90364 002 *****8.75

DOCUMENT # H68058 1. Entity Name COASTAL MARCITING, INC.					
Principal Place of Business 15220 BRICE DR. BROOKSVILLE, FL 34601 US			Mailing Address 15220 BRICE DR. BROOKSVILLE, FL 34601 US		
2. Principal Place of Business 14136 Tranquility Ln. Suite, Apt. #, etc.		3. Mailing Address 14136 Tranquility Ln. Suite, Apt. #, etc.			
City & State Brooksville, FL Zip 34614		City & State Brooksville, FL Zip 34614		4. FEI Number 59-2512526	
Country USA		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILKINSON, G. BARRY 696 FIRST AVE. NO. #201 ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP CAMP, JOSEPH A. 14136 TRANQUILITY LANE BROOKSVILLE, FL 34614		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVS SPARKMAN, C. CHARLES 15220 BRICE DR. BROOKSVILLE, FL 34601		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: /s/ Joseph A. Camp SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-24-05 Date		
			352 5843389 Daytime Phone #		