

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90200 049 ***158.75

DOCUMENT # J08720 1. Entity Name TRI-COASTAL ENTERPRISES, INC.					
Principal Place of Business 853 VANDERBILT BEACH RD 336 NAPLES, FL 34108 US			Mailing Address #134 12400 W HWY 71 STE 350 AUSTIN, TX 78738 US		
2. Principal Place of Business #134 12400 W HWY 71			3. Mailing Address		
Suite, Apt. #, etc. Suite 350			Suite, Apt. #, etc.		
City & State Austin, TX			City & State		
Zip 78738		Country Travis		Zip	
Country		4. FEI Number 59-2687956		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHMIDT, COREY D 853 VANDERBILT BEACH RD STE 336 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name Agents and Corporations, Inc. Street Address (P.O. Box Number is Not Acceptable) 773 4th Avenue North Suite E City Naples FL Zip Code 34102		
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 Agents and Corporations, Inc. [Signature] 4/21/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P SCHMIDT, COREY D #134 12400 HWY 71 STE 350 AUSTIN, TX 78738	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHMIDT, JEANNIE S #134 12400 HWY 71 STE 350 AUSTIN, TX 78738	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Corey D. Schmidt <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/21/06 <small>Date</small>		512-402-0095 <small>Daytime Phone #</small>	