

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # J08720

1. Entity Name
TRI-COASTAL ENTERPRISES, INC.



Principal Place of Business

#134 12400 W. HWY 71
STE 350
AUSTIN, TX 78738 US

Mailing Address

#134 12400 W HWY 71
STE 350
AUSTIN, TX 78738 US



03242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2687956

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC
300 FIFTH AVENUE SOUTH
SUITE 101-330
NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000876431
04/11/08-80071-023 158.75

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCHMIDT, COREY D
STREET ADDRESS #134 12400 HWY 71 STE 350
CITY-ST-ZIP AUSTIN, TX 78738

TITLE VP
NAME SCHMIDT, JEANNIE S
STREET ADDRESS #134 12400 HWY 71 STE 350
CITY-ST-ZIP AUSTIN, TX 78738

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corey D. Schmidt

3/24/08

Date

800-330-1718

Daytime Phone #