

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J10783

1. Entity Name
COASTAL SOUTHERN, INC.



Principal Place of Business

2557 HUNT CLIFF LANE
PANAMA CITY, FL 32405 US

Mailing Address

2557 HUNT CLIFF LANE
PANAMA CITY, FL 32405 US

FILED
Mar 29, 2005 08:00 AM
Secretary of State



03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2698113

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLOAN, TIMOTHY J
427 MCKENZIE AVENUE
PANAMA CITY, FL 32401

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STVD
NAME	LINDSEY, WAYNE
STREET ADDRESS	2557 HUNT CLIFF LANE
CITY - ST - ZIP	PANAMA CITY, FL 32405
TITLE	PD
NAME	LINDSEY, GEORGE M., III
STREET ADDRESS	2557 HUNT CLIFF LANE
CITY - ST - ZIP	PANAMA CITY, FL 32405
TITLE	STD
NAME	FLOYD, HOWARD H.
STREET ADDRESS	2557 HUNT CLIFF LANE
CITY - ST - ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100010279648
03/29/05-80005-010 158.75

**DO NOT WRITE
IN THIS SPACE**

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 807, 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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/05

Date

850-763-4533

Daytime Phone #