


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90349 008 ***158.75

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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	
2. Principal Place of Business P.O. Box 1900 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1900 Suite, Apt. #, etc.	
City & State Lynn Haven, FL		City & State Lynn Haven, FL	
Zip 32444	Country U.S.A.	Zip 32444	Country U.S.A.
4. FEI Number 59-2698113		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02072006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent SLOAN, TIMOTHY J 427 MCKENZIE AVENUE PANAMA CITY, FL 32401		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 _____ (NOTE Registered Agent signature required when renating) DATE _____			
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	STVD LINDSEY, WAYNE 2557 HUNT CLIFF LANE PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1900 Lynn Haven, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDSEY, GEORGE M., III 2557 HUNT CLIFF LANE PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1900 Lynn Haven, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLOYD, HOWARD H. 2557 HUNT CLIFF LANE PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1900 Lynn Haven, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Wayne Lindsey</i>		Date: 3/28/06 Daytime Phone #: 850-763-4533	