


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90026 032 \*\*\*158.75

**DOCUMENT # J10783**  
 1. Entity Name  
 COASTAL SOUTHERN, INC.



Principal Place of Business      Mailing Address  
 P.O. BOX 1900                      P.O. BOX 1900  
 LYNN HAVEN, FL 32444 US      LYNN HAVEN, FL 32444 US

**DO NOT WRITE IN THIS SPACE**

**60024393**



04072008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-2698113      Not Applicable

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

6. Name and Address of Current Registered Agent  
 APPLEMAN-MONIZ, CARLOTTA  
 304 MAGNOLIA AVE  
 PANAMA CITY, FL 32401

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2008 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	P.O. BOX 1900
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	PD
NAME	LINDSEY, GEORGE M., III
STREET ADDRESS	P.O. BOX 1900
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	STD
NAME	FLOYD, HOWARD H.
STREET ADDRESS	P.O. BOX 1900
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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:** Wayne Lindsey      Date 4/14/08      Daytime Phone # 8507634533  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR