

**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
**P.O. BOX 1900
LYNN HAVEN, FL 32444 US**

Mailing Address
**P.O. BOX 1900
LYNN HAVEN, FL 32444 US**

60024393



04072008 No Chg-P CR2E034 (11/05)

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

**APPLEMAN-MONIZ, CARLOTTA
304 MAGNOLIA AVE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**STVD
LINDSEY, WAYNE
P.O. BOX 1900
LYNN HAVEN, FL 32444**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
LINDSEY, GEORGE M., III
P.O. BOX 1900
LYNN HAVEN, FL 32444**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
FLOYD, HOWARD H.
P.O. BOX 1900
LYNN HAVEN, FL 32444**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 4/14/08 8507634533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #