

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90003 033 ***550.00

DOCUMENT # J39388

1. Entity Name
COASTAL EQUIPMENT SUPPLY, INC.



Principal Place of Business

**2803 WHISPER PINE DR
GULF BREEZE, FL 32561**

Mailing Address

**2803 WHISPER PINE DR
GULF BREEZE, FL 32561**



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2747699

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARNES, LORETTA
2803 WHISPER PINES DR
GULF BREEZE, FL 32561**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BARNES, LORETTA**
STREET ADDRESS **2803 WHISPER PINE DR**
CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE **T**
NAME **BARNES, PORTER B**
STREET ADDRESS **2803 WHISPER PINE DR**
CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE **V**
NAME **BARNES, KENNETH M**
STREET ADDRESS **1765 MARSEILLE DR**
CITY-ST-ZIP **GULF BREEZE, FL 32561**

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-8-04

850-932-5212