2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL R	EPORT (AR))	Mar 20, 2006 08:00 AM
DOCUMENT # J39388 1. Enlity Name			Secretary of State
COASTAL EQUIPMENT SUPPLY, INC	.		
Principal Place of Business	Mailing Address		
2803 WHISPER PINE DR GULF BREEZE FL 32561	2803 WHISPER PINE DI GULF BREEZE FL 3256		ן אין אין אין אין אין אין אין אין אין אי
Age sincer a secon			
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State	City & State	,	4. FEI Number Applied For Not Applied For Not Applied For
Z ⁱ p Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
BARNES, LORETTA 2803 WHISPER PINES DR GULF BREEZE FL 32561		Street Address (P.C. Box Number is Not Acceptable)
		City	Zip Code
The above named entity submits this statement to the obligations of registered agent.	or the purpose of changing its i	registered office or register	red agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE Signalule, typed or printed name of registered egent	,,	Registered Agent argnature required	when (cinstalling) DATE
FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee Will Be \$550,00 Make Check Payable to Florida Department o	oleman VIII		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND	1 2 2 2 4 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME BARNES, LORETTA STREET ADDRESS 2803 WHISPER PINE DR	Celete	Title Name Street Address	☐ Change ☐ Additio BNDN90473579 93/31/96-89822-084 150.00
CITY-ST-ZIP GULF BREEZE FL 32561		CHY-ST-ZIF	☐ Change ☐ Additio
I TILE TO BARNES, PORTER B	☐ Delete	TITLE NAME	C) Guande C Addition
STREET ADDRESS 2803 WHISPER PINE DR CITY-51-ZP GULF BREEZE FL 32561		STREET ADDRESS CHTY-ST-ZIP	
TITLE V	Caleto	iate	☐ Change ☐ Addilio
NAME BARNES, KENNETH M STREET ADDRESS 1765 MARSEILLE DR		NAME STREET ADDRESS	
GULF BREEZE FL 32561		CITY-ST-ZIP	
TITLE NAME	☐ Delote	SITLE NAME	☐ Change ☐ Additio
STREET ADDRCSS CITY-ST-ZPP		STREET ADDRESS CITY-ST-ZIP	
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NAME		NAME STREET ADDRESS	
STREET ADDRESS CITY- ST- ZIP		CITY-ST-ZIP	
nret	☐ Delete	TITLE NAME	☐ Change ☐ Additio
NAME STREET ACCITIESS		name Street address	
CITY-SI-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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: X Quella

3-16-66 850-932-5212

FILED