2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J39388

FILED May 07, 2007 Secretary of State

Entity Nai	me: COASTAI	_ EQUIPMENT AND HYDRAI	ULICS, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2803 WHISPER PINE DR GULF BREEZE, FL 32561			2987 S. HWY 29 CANTONMENT, FL 3	2987 S. HWY 29 CANTONMENT, FL 32533	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2803 WHISPER PINE DR GULF BREEZE, FL 32561			2987 S. HWY 29 CANTONMENT, FL 3	2987 S. HWY 29 CANTONMENT, FL 32533	
FEI Number	: 59-2747699	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BARNES, LORETTA 2803 WHISPER PINES DR GULF BREEZE, FL 32561 US			2987 S. HWY 29	BARNES, KENNETH M 2987 S. HWY 29 CANTONMENT, FL 32533 US	
in the State	e named entity s e of Florida. RE: KENNETI		purpose of changing its registere	d office or registered agent, or both, 05/07/2007	
0.014/1101		ic Signature of Registered Ag	gent	Date	
	nce with s. 607.193	3(2)(b), F.S., the corporation did n Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () BARNES, LORE 2803 WHISPER GULF BREEZE,	PINE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () BARNES, PORT 2803 WHISPER GULF BREEZE,	PINE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	V () BARNES, KENN 1765 MARSEILI	Delete ETH M	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH M. BARNES 05/07/2007 ٧