2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J39388

FILED Feb 26, 2009 Secretary of State

Entity Name: COASTAL EQUIPMENT AND HYDRAUL	ICS, INC.		
Current Principal Place of Business:	New Principal Place o	f Business:	
2987 S. HWY 29 CANTONMENT, FL 32533			
Current Mailing Address:	New Mailing Address	:	
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, KENNETH M 2987 S. HWY 29 CANTONMENT, FL 32533 US			
The above named entity submits this statement for the puin the State of Florida.	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Ager	nt	Date	
Election Campaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: P () Delete Name: BARNES, LORETTA Address: 2987 HWY 29 SOLITH	Title: VP (Name: BARNES, LO Address: 2987 HWV 2		

1765 MARSEILLE DR

GULF BREEZE, FL 32561

Address:

City-St-Zip:

City-St-Zip: CANTONMENT, FL 32563 City-St-Zip: CANTONMENT, FL 32563 () Delete Title: (X) Change () Addition BARNES, PORTER B BARNES, PORTER B Name: Name: Address: 2987 HWY 29 SOUTH Address: 2987 HWY 29 SOUTH CANTONMENT, FL 32563 CANTONMENT, FL 32563 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: BARNES, KENNETH M Name: BARNES, KENNETH M

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.

Address:

City-St-Zip:

1765 MARSEILLE DR

GULF BREEZE, FL 32561

SIGNATURE: KENNETH M BARNES Ρ 02/26/2009