

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90066 026 \*\*\*150.00

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01112006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # K18589</b> 1. Entity Name <b>COASTAL BUSINESS SERVICES, INC.</b>					
Principal Place of Business <b>513 HWY 17, SOUTH SAN MATEO, FL 32187 US</b>			Mailing Address <b>P.O. BOX 459 SAN MATEO, FL 32187 US</b>		
2. Principal Place of Business <b>101 Bear Blvd</b>		3. Mailing Address  			
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  			
City & State <b>SAN MATEO FL</b>		City & State  		4. FEI Number <b>59-2877452</b>	
Zip <b>32187</b>		Country <b>Putnam</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>FLEISCHMAN, FRANK L. 513 HWY 17, SOUTH SAN MATEO, FL 32187</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) <b>101 Bear Blvd</b> City <b>SAN MATEO</b> <b>FL</b> Zip Code <b>32187</b>				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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLEISCHMAN, FRANK L. 557 LAKE COMO DRIVE POMONA PARK, FL 32181	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEISCHMAN, MICHELA R. 557 LAKE COMO DRIVE POMONA PARK, FL 32181	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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:			4-10-06 3865328-9098		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		