


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # K28267 1. Entity Name COAST BROTHERS, INC. |  |
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| Principal Place of Business 6511 43RD ST NORTH STE 1807 PINELLAS PRK, FL 33781 US | Mailing Address COAST BROS. INC 6511 43RD ST NORTH UNIT 1807 PINELLAS PARK, FL 33781 US |
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DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2912664 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent J WANTLAND 2100 9TH ST NORTH STE B ST PETE, FL 33704 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when renewing) | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000272794 03/23/05-B00001-014 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D THOMPSON, GERALD 2666 CASCADE COURT CLEARWATER, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D THOMPSON, MICHAEL J 8037 12TH AVENUE SOUTH ST. PETERSBURG, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

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|--|---------------------|-------------------------------------|
| SIGNATURE: <u>Gerald S. Thompson V.P.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <u>3-21-05</u> | Daytime Phone # <u>727-525-3866</u> |
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