

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K67666

FILED
Apr 27, 2009
Secretary of State

Entity Name: COASTAL LIFT TRUCK & EQUIPMENT, INC.

Current Principal Place of Business:

440 TALL PINES ROAD
SUITE J
WEST PALM BEACH, FL 33413

Current Mailing Address:

P. O. BOX 212045
ROYAL PALM BEACH, FL 33421

New Principal Place of Business:

480 TALL PINES ROAD
SUITE J
WEST PALM BEACH, FL 33413

New Mailing Address:

FEI Number: 59-2931959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, THOMAS L III
440 TALL PINES ROAD
SUITE J
WEST PALM BEACH, FL 33413 US

Name and Address of New Registered Agent:

PARKER, THOMAS L III
480 TALL PINES ROAD
SUITE J
WEST PALM BEACH, FL 33413 US

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.

SIGNATURE:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PARKER, THOMAS L III
Address: 440 TALL PINES ROAD, SUITE J
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VSD () Delete
Name: PARKER, DEBORA A
Address: 440 TALL PINES ROAD, SUITE J
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: PARKER, THOMAS L III
Address: 480 TALL PINES ROAD, SUITE J
City-St-Zip: WEST PALM BEACH, FL 33413

Title: VSD (X) Change () Addition
Name: PARKER, DEBORA A
Address: 480 TALL PINES ROAD, SUITE J
City-St-Zip: WEST PALM BEACH, FL 33413

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: DEBORA A PARKER

VSD

04/27/2009

Electronic Signature of Signing Officer or Director

Date