2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2006 08:00 AN DOCUMENT # P00000041599 **Secretary of State** COASTAL WEST INVESTMENTS, INC. Mailing Address Principal Place of Business 20001 GULF BLVD 20001 GULF BLVD INDIAN SHORES FL 33785 INDIAN SHORES FL 33785 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 59-2904561 Not Applicat Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAGEN, STEVE Street Address (P.O. Box Number is Not Acceptable) 20001 GULF BLVD STE 5 INDIAN ROCKS BEACH FL 33785 Zip Code City 8. The above named entry 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 acces the obligations of registered agent. Signature, typed or posted name of registered agent and lifte if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Defete Change $nn\epsilon$ TITLE U00000426683 PAGE, STEPHEN J NAME NAME STREET ADDRESS 02/20/06-80052-016 150.00 STREET ADDRESS 20001 GULF BLVD #5 CITY-ST-ZIP CUTY-ST-ZIP INDIAN SHORES FL 33785 DA: Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change A.G ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Change □ Add Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ETA: ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY - ST - ZIP Adi ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

1/30/06 727-595-95

FILED

Daytimo Phone #