


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000015205	
1. Entity Name COASTAL WELDING & IRONWORKS, INC.	

Principal Place of Business 23F HARGROVE GRADE PALM COAST, FL 32137	Mailing Address 23F HARGROVE GRADE PALM COAST, FL 32137
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01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3699745	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEMARTINO, MARIA
26 BROCKTON LANE
PALM COAST, FL 32137**

DO NOT WRITE 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DEMARTINO, MARIA 26 BROCKTON LANE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, WILLIAM 26 BROCKTON LANE PALM COAST, FL 32137
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02/18/06-80045-002 150.00

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: Maria De Martino **MARIA DEMARTINO** 2/2/06 386-446-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #