

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 30, 2004 8:00 am
Secretary of State

04-16-2004 90112 050 ***150.00

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04092004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000023960 1. Entity Name COASTAL DISTRIBUTING INC.																																																																										
Principal Place of Business 6220 CYPRESS POINT DR, APT #4 PANAMA CITY BEACH, FL 32408			Mailing Address 6220 CYPRESS POINT DR, APT #4 PANAMA CITY BEACH, FL 32408																																																																							
2. Principal Place of Business 6224 CYPRESS POINT DR.		3. Mailing Address 6224 CYPRESS POINT DR.																																																																								
Suite, Apt. #, etc. APT 2		Suite, Apt. #, etc. APT 2																																																																								
City & State PANAMA CITY BEACH, FL		City & State PANAMA CITY BEACH, FL																																																																								
Zip 32408		Zip 32408		4. FEI Number 59-3717083																																																																						
Country		Country		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 WOODS, BRIAN 6220 CYPRESS POINT DR, APT #4 PANAMA CITY BEACH, FL 32408																																																																						
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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: (PRESIDENT) 04/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>																																																																						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																								
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WOODS, BRIAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6220 CYPRESS POINT DR, APT #4</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY BEACH, FL 32408</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	WOODS, BRIAN		STREET ADDRESS	6220 CYPRESS POINT DR, APT #4		CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408																										TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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)(l), 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: (PRESIDENT) 04/28/04 (850) 236-4937 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																										