

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000023960

1. Entity Name  
COASTAL DISTRIBUTING INC.



**FILED  
May 01, 2008 8:00 am  
Secretary of State**

05-01-2008 90203 027 \*\*\*150.00

Principal Place of Business  
6534 AMMONS LANE  
YOUNGSTOWN, FL 32466

Mailing Address

6534 AMMONS LANE  
YOUNGSTOWN, FL 32466

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3717083**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WOODS, BRIAN  
6534 AMMONS LANE  
YOUNGSTOWN, FL 32466

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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 restating)

DATE

**FILE NOW!! - FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: D  
NAME: WOODS, BRIAN  
STREET ADDRESS: 6534 AMMONS LN  
CITY-ST-ZIP: YOUNGSTOWN, FL 32466

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

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NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

Daytime Phone #