


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000047141 1. Entity Name COASTAL DISTRIBUTORS OF SOUTH FLORIDA, INC.	
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Principal Place of Business 10160 ANDOVER COACH CIRCLE APT. H-2 LAKE WORTH, FL 33467 US	Mailing Address 10160 ANDOVER COACH CIRCLE APT. H-2 LAKE WORTH, FL 33467 US
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02262006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1105110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NEWMANN, THOMAS W 10160 ANDOVER COACH CIRCLE APT. H-2 LAKE WORTH, FL 33467

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEUMANN, THOMAS W 10160 ANDOVER COACH CIRCLE, APT. H-2 LAKE WORTH, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEUMANN, ELLEN R 10160 ANDOVER COACH CIRCLE, APT. H-2 LAKE WORTH, FL 33467
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Ellen R. Neumann 2/26/06 561-642-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #