

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

|                                                                                |                                                                                   |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P01000049794</b><br>1. Entity Name<br><b>COASTAL CRETE, INC.</b> |  |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                      |                                                                          |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business<br><b>1587 ELMHURST CIRCLE SE<br/>PALM BAY, FL 32909</b> | Mailing Address<br><b>1587 ELMHURST CIRCLE SE<br/>PALM BAY, FL 32909</b> |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**

07082004 No Chg-P CR2E034 (10/03)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FBI Number<br><b>59-3717631</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
|-----------------------------------------------------------|------------------------------------------|

|                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>MCCLOY, RYAN W<br/>1587 ELMHURST CIRCLE SE<br/>PALM BAY, FL 32909</b> |
|---------------------------------------------------------------------------------------------------------------------------------|

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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 registrant agent and date if applicable.

(NOTE: Registered Agents signature required when retaking)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
 corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |                                                                      |
|------------------------------------------------|----------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCCLOY, RYAN W<br>1587 ELMHURST CIRCLE SE<br>PALM BAY, FL 32909 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      |

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 07/12/04-80007-016 150.00

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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(2)(f), 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:

*Ryan W McCloy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-04

Date

On-line Phone #