

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/21

FILED
May 22, 2008 8:00 am
Secretary of State

04-21-2008 90088 020 ***150.00

DOCUMENT # P01000051912

1. Entity Name
COASTAL ACQUISITIONS, INC.



Principal Place of Business
**1201 OAKFIELD DR.
BRANDON, FL 33509-1110**

Mailing Address
**1201 OAKFIELD DR.
BRANDON, FL 33509-1110**

00011024



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1134237

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCDERMOTT, MICHAEL J
791 W. LUMSDEN RD.
BRANDON, FL 33511**

**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 (if applicable)

(NOTE: Registered Agent signature required when reappointing)

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	MCKNIGHT, WILLIAM D
STREET ADDRESS	1201 OAKFIELD DR.
CITY - ST - ZIP	BRANDON, FL 335091110
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

5/18/08 (513) 681-4274