2005 FOR PROFIT CORPORATION

Mar 03, 2005 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P02000003090 03-03-2005 90169 014 ***150.00 1. Entity Name COAST TRUST COMPANY Principal Place of Business Mailing Address 1300 WESTSHORE BOULEVARD, SUITE 150 1300 WESTSHORE BOULEVARD, SUITE 150 TAMPA, FL 33607 TAMPA, FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3758690 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code 8. The above names entity sub gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registe SIGNATURE (NOTE: Registered Agant signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution, 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D Delete TITLE Change □ Addition DC ALFONSO, CARLOS J MAME NAME 2913 HARBOR VIEW AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change Addition BAILEY, RON K HAME NAME STREET AUDRESS 1699 RENAISSANCE WAY STREET ADDRESS C(TY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP TITLE DΡ Delete Change IIII F Addition CLEWIS, W. FRANK NAME 4407 W. PLATT STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 CUTY+ST-ZIP TITLE ☐ Detete THILE **Change** Addition Kucera, Dean E. NAME KUCERA, DEAN K NAME 806 Columbus Drive STREET ADDRESS STREET ADDRESS 2270 PINELLAS POINT DRIVE SOUTH CITY-ST-ZIP ST PETERSBURG, FL 33712 CITY-ST-7iP St. Petersburg, FL 33715 TITLE D Delete HILLE **X** Change □ Addition DP NAME LANE, KENNETH E NAME STREET ADDRESS STREET ADDRESS 4409 CULBREATH AVENUE CITY-ST-ZIP TAMPA, FL 33609 CITY-ST-ZIP TITLE TITLE [] Change Addition ☐ Defet¢

12. Thereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it made under eath; that I am an officer or director of the corporation or the reporter or trusted empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 it changed, or on an attacking

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

COUGHLIN, JOHN P

TAMPA, FL 33606

444 SOUTH LUCERNE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED