2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2005 08:00 AM DOCUMENT # P02000015525 Secretary of State 1. Entity Name COASTAL CLEARING AND DEVELOPMENT COMPANY, INC. Principal Place of Business Mailing Address 83-B HWY 98 83-B HWY 98 EASTPOINT, FL 32328 EASTPOINT, FL 32328 01312005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 68-0510089 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COX, WINFRED L DO NOT WRITE 9 4TH STREET EASTPOINT, FL 32328 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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE 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. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME RUDZINSKI, BRANDT J U00000225481 STREET ADDRESS 3924 TIGER POINT BLVD 02/11/05-80041-011 150.00 CITY-ST-ZIP **GULF BREEZE, FL 325633514** NAME COX, WINFRED L STREET ADDRESS 9 4TH STREET CITY-ST-ZIP EASTPOINT, FL 32328 TITLE NAME CRUM, JAMIE D STREET ADDRESS **PO BOX 684** DO NOT WRITE CITY-ST-ZIP EASTPOINT, FL 32328 IN THIS SPACE NAME BONDS, JEANNE STREET ADDRESS 415 SAWYER STREET CITY-ST-ZIP ST GEORGE ISLANF, FL 32328 TITLE NAME WRAY, AARON STREET ADDRESS 415 SAWYER STREET CITY-ST-ZIP ST GEORGE ISLANF, FL 32328 TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND DEPARTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/67 /30-132-1320 Dayting Phone #