

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90050 047 ***150.00

DOCUMENT # P02000027948 1. Entity Name COAST TO COAST CUSTOM WHEELS & ACCESSORIES, INC.																													
Principal Place of Business 7820 N. DALE MABRY HWY. TAMPA, FL 33614			Mailing Address 7820 N. DALE MABRY HWY. TAMPA, FL 33614																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt., #, etc.		Suite, Apt., #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 01-0632621																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
8. Name and Address of Current Registered Agent ROBINSON, ANDREW S 1313 ALAHAMBRA TAMPA, FL 33611				7. Name and Address of New Registered Agent Name Robinson, Andrew S Street Address (P.O. Box Number is Not Acceptable) 1405 Bayshore Blvd City Tampa FL Zip Code 33606																									
6. 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 re-registering) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROBINSON, ANDREW S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1313 ALAHAMBRA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33611</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	ROBINSON, ANDREW S		STREET ADDRESS	1313 ALAHAMBRA		CITY-ST-ZIP	TAMPA, FL 33611		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Robinson, Andrew S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1405 Bayshore Blvd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33606</td> <td></td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Robinson, Andrew S		STREET ADDRESS	1405 Bayshore Blvd		CITY-ST-ZIP	Tampa, FL 33606	
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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(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: SCOTT ROBINSON 1-31-05 813-889-8987 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													