

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 FEB -1 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P02000046257					
1. Entity Name COASTAL CUTS CO.					
Principal Place of Business 1951 MCCALL ROAD SUITE 490 ENGLEWOOD, FL 34223			Mailing Address 1951 MCCALL ROAD SUITE 490 ENGLEWOOD, FL 34223		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent ORGERA, RITA 1481 KATHLEEN PL ENGLEWOOD, FL 34223			7. Name and Address of New Registered Agent Name Joanne F. Pierson Street Address (P.O. Box Number is Not Acceptable) 83 Long Meadow Ct. City Rotonda West FL Zip Code 33947		
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 <i>Joanne F. Pierson</i>		SIGNATURE <i>Joanne F. Pierson</i>		1-28-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ORGERA, RITA 1481 KATHLEEN PL ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Pierson, Joanne F. 83 Longmeadow Ct. Rotonda West, FL 33947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ORGERA, PERRY 1481 KATHLEEN PL ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Pierson, James E. 83 Longmeadow Ct. Rotonda West, FL 33947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900117609659 02/08/08--01023--002 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Joanne F. Pierson</i>		SIGNATURE <i>Joanne F. Pierson</i>		1-28-08 473/1663	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	

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