## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000069156

FILED Jan 07, 2005 Secretary of State

Entity Name: COASTAL CONSTRUCTION AND PETROLEUM SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 10901 GENERAL AVE 2345 DENNIS STREET JACKSONVILLE, FL 32220 JACKSONVILLE, FL 32204 **Current Mailing Address: New Mailing Address:** 10901 GENERAL AVE 2345 DENNIS STREET JACKSONVILLE, FL 32220 JACKSONVILLE, FL 32204 FEI Number: 04-3693619 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition LYNCKER, CAREY O LYNCKER, CAREY O Name: Name: 10901 GENERAL AVE 2345 DENNIS STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32220 City-St-Zip: JACKSONVILLE, FL 32204 Title: (X) Delete Title: () Change () Addition Name: LYNCKER, MARK D Name: 10901 GENERAL AVE Address: Address: JACKSONVILLE, FL 32220 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete VΡ LYNCKER, CAREY O JR LYNCKER, CAREY O JR Name: Name: 10901 GENERAL AVE 2345 DENNIS STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32220 City-St-Zip: JACKSONVILLE, FL 32204 Title: () Delete Title: (X) Change ( ) Addition LYNCKER, CAROLYN Y LYNCKER, CAROLYN Y Name: Name: Address: 10901 GENERAL AVE Address: 2345 DENNIS STREET City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32220 JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAREY O LYNCKER JR VP 01/07/2005