2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

813-282-0082

DOCUMENT # P02000072511 1. Enlity Name LACOAST CORP.					05-01-2008 90200 012 ***150.00			
Principal Place	e of Business	Mailing Address						
Principal Place of Business 3225 S. MACDILL AVE. SUITE 129-111 TAMPA, FL 33629			3225 S. MACDILL AVE. SUITE 129-111		1 18811089 Jin	ACHA NÈN ANTI ASIN ASI	IN BUTH IUDED HURR UTDE STORE UT	(1 11 1 1) (111
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282008	Chg-P	CR2E034 (12/06)	
City & State		City & State	City & State		4. FEI Numbe 75-306		— — —	oplied For ot Applicable
Ζιρ	Country	Zip Cour		ılry	5. Certificate	of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Cu	urrent Registered Agent			7. Name and	Address of New R	Registered Agent	
WALLACE, MICHAEL R 4601 W KENNEDY BLVD STE 104				Street Address (P.O. Box Number is Not Acceptable) 2907 W. Bac to Bac Blvd-				
TAMPA, FI	L 33609		5		rite 21	9	say DIV	<u>1°</u>
\$		•	City		upa, Fr	<u>'</u>	FL Zip Cod	29
the obligat	named entity submits this statentions of registered agent. Siggarye, lipsed or prefed harve of registers.	<u> </u>		ed office or regis		h, in the State of Flo	orida. I am familiar with,	and accept
FIL After M	E NOW!!! FEE IS \$150.0 ay 1,2008 Fee will be \$	9. Election Can 550.00 Trust Fund C		· _ ·	55.00 May Be Added to Fees			
10.	OFFICERS	S AND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE . MAME STREET ADDRESS CITY ST-ZIP	PTD. 5. WALLACE, MICHAEL R 4601 W KENNEDY BLVD S TAMPA: FL 33609	☐ Delete		E PT E WE STADDRESS 32: -SI-ZIP 72	D 21lau, Mi 25 South 2mpa, Fo	hael R. MacDill L 33629	Ave., Ste 12	Addition
UTEE NAME SHEET ADDRESS CHY-ST ZIP	VSD VALDES, JAMES A 4601 W KENNEDY BLVD S TAMPA, FL 33609	☐ Delete		V 9	< D		Ave. 516. 129	Addition
THLE NAME STREET ADDRESS CITY: ST-ZIP		☐ Delete		- 1			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ľ			☐ Change	☐ Addition
indicated of the cor	certify that the information supplie on this report or supplemental re poration or the receiver or truster, or on an attachment with an add	eport is true and accurate and the empowered to execute this rep	nat my signa bort as requi	ture shall have li	he same legal effec	it as if made under	oath; that I am an officer	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _