2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P02000118268** 04-29-2005 90214 035 ***150.00 COAST TO COAST INC. OF ZEPHYRHILLS 14007516 Principal Place of Business Mailing Address 5639 6TH ST. 5639 6TH ST. ZEPHYRHILLS, FL 33541 ZEPHYRHILLS, FL 33541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 04142005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For 02-0655274 'લ્ડ Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Age 7. Name and Address of New Registered Agent Name STEERS, WILLIAM F Street Address (P.O. Box Number is Not Acceptable) 5639 6TH ST. ZEPHYRHILLS, FL 33541 City Zip Code 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. 4-14-05 DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PVST** ☐ Delete TITLE ☐ Addition ☐ Change STEERS, WILLIAM F NAME STREET ADDRESS 5639 6TH ST. STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS, FL 33541 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STEERS, WILLIAM F NAME NAME STREET ADDRESS 5639 6TH ST. STREET ADDRESS ZEPHYRHILLS, FL 33541 CITY-ST-7IP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

4-25-05