

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000012597

FILED
Mar 17, 2005
Secretary of State

Entity Name: COASTAL EQUIPMENT RENTAL OF SOUTH WALTON, INC.

Current Principal Place of Business:

605 N. CO. HWY. 393, UNIT #8
SANTA ROSA BCH, FL 32459

New Principal Place of Business:

Current Mailing Address:

605 N. CO. HWY. 393, UNIT #8
SANTA ROSA BCH, FL 32459

New Mailing Address:

FEI Number: 03-0506005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ODEN, BRIAN K
4000 DANCING CLOUD CT.
#21
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

ODEN, BRIAN K
84 BAYOU BREEZE CT.
SANTA ROSA BEACH, FL 32459 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:

03/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ODEN, J. TODD
Address: 30 BAYOU BREEZE CT.
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: V () Delete
Name: ODEN, BRIAN K
Address: 4000 DANCING CLOUD CT., #21
City-St-Zip: DESTIN, FL 32541

Title: S () Delete
Name: ODEN, JONATHAN F
Address: 78 BAYOU BREEZE CT.
City-St-Zip: SANTA ROSA BCH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ODEN, BRIAN K
Address: 84 BAYOU BREEZE CT.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRIAN K. ODEN

V.P.

03/17/2005

Electronic Signature of Signing Officer or Director

Date