

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000023123

Entity Name: COASTAL AC SUPPLY, INC.

**FILED**  
**Jul 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

605 COMMERCE DR  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

**Current Mailing Address:**

605 COMMERCE DR  
PANAMA CITY BEACH, FL 32408

**New Mailing Address:**

FEI Number: 05-0555683

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADKINS, TOMMY E  
605 COMMERCE DRIVE  
PANAMA CITY BEACH, FL 32408 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: BROWN, WALTER A  
Address: 605 COMMERCE DR  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: VSD  
Name: BROWN, SHIRLEY A  
Address: 605 COMMERCE DR  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: VSD  
Name: ADKINS, TOMMY E  
Address: 605 COMMERCE DR.  
City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby 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 all other like empowered.

SIGNATURE: WALTER A BROWN

PSD

07/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date