
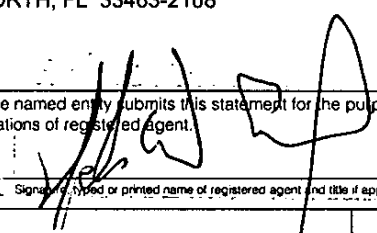
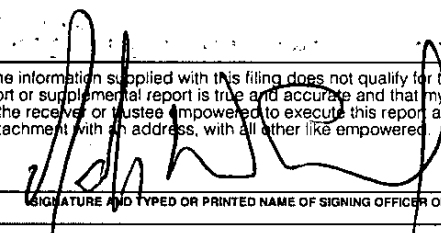


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90043 030 \*\*\*150.00

<b>DOCUMENT # P03000023596</b> 1. Entity Name <b>INTERCOASTAL SHEETMETAL INC.</b>																																					
Principal Place of Business <b>C/O JOHN COX 3646 23RD AVE SOUTH STE 103 LAKE WORTH, FL 33461</b>			Mailing Address <b>C/O JOHN COX 3646 23RD AVE SOUTH STE 103 LAKE WORTH, FL 33461</b>																																		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																			
City & State  Zip		City & State  Zip		4. FEI Number <b>14-1884925</b>																																	
City & State  Zip		City & State  Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent  <b>WYMAN, ROBERT 3095 S MILITARY TRAIL STE 5 LAKE WORTH, FL 33463-2108</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City																																		
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. SIGNATURE:  DATE:																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>D COX, JOHN 3646 23RD AVE SOUTH 103 LAKE WORTH, FL 33461</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COX, JOHN 3646 23RD AVE SOUTH 103 LAKE WORTH, FL 33461</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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.																																					
<b>SIGNATURE:</b> 																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																					
Date Daytime Phone #																																					