2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046478

Entity Name: COASTAL WINDOW FASHIONS, INC.

FILED Aug 26, 2004 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

10952 HWY 30A EAST 10952 E. CO. HWY. 30A

SUITE E SUITE E

ROSEMARY BEACH, FL 32461 PANAMA CITY BEACH, FL 32413

Current Mailing Address: New Mailing Address:

10952 HWY 30A EAST 10952 E. CO. HWY. 30A

SUITE E SUITE E

ROSEMARY BEACH, FL 32461 ROSEMARY BEACH, FL 32461

FEI Number: 41-2092769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LAIRD, MELINDA G
10952 HWY 30A EAST
10952 HWY 30A EAST

SUITE E SUITE E

ROSEMARY BEACH, FL 32461 PANAMA CITY BEACH, FL 32413

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: 08/26/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: HOLLAWAY, CAROL Name: HOLLOWAY, CAROL

Address: 8560 LUDLUM ROAD Address: 8560 LUDLUM ROAD City-St-Zip: LAUREL HILL, FL 32567 City-St-Zip: LAUREL HILL, FL 32567

Title: VSTD () Delete Title: VSTD (X) Change () Addition

 Name:
 LAIRD, MELINDA G
 Name:
 LAIRD, MELINDA G

 Address:
 115 HIBISCUS LANE
 Address:
 P. O. BOX 611371

 City-St-Zip:
 DESTIN, FL 32550
 City-St-Zip:
 ROSEMARY BEACH, FL 32461

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: CAROL HOLLOWAY PD 08/26/2004