


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90338 032 ***150.00

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|---|--|--|--|---|--|
| DOCUMENT # P03000056616 1. Entity Name COAST FORMWORK, INC | | | |  | |
| Principal Place of Business 3046 EMORY ROAD MYRTLE BEACH, SC 29577 US | | | Mailing Address 3046 EMORY ROAD MYRTLE BEACH, SC 29577 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 01052004 Chg-P CR2E034 (10/03) | | | 4. FEI Number 16-1669832 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 6. Name and Address of Current Registered Agent POWELL, RICHARD H. ESQ 92 EGLIN PARKWAY FORT WALTON BEACH, FL 32548 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.D THOMPSON, ANDRE E P.O. BOX 14920 MYRTLE BEACH, SC 29577 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP.D ELLEN, JULIUS E 13100 ROBIUS ROAD MIDLOTHIAN, VA 23113 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S.T THOMPSON, DONNA N P.O. BOX 14920 MYRTLE BEACH, SC 29577 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3046 Emory Rd Myrtle Beach SC 29577 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3046 Emory Rd Myrtle Beach SC 29577 | <input checked="" 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. | | | | | |
| SIGNATURE: <i>Donna N. Thompson</i> | | Donna N. Thompson Sec. Treas. 4-24-04 843-2936441 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | | | |