


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90442 004 ***150.00

DOCUMENT # P03000062995	
1. Entity Name COASTAL CHIMNEY-CORPORATION	

Principal Place of Business 16465 TURNBURY OAK DRIVE ODESSA, FL 33556	Mailing Address 16465 TURNBURY OAK DRIVE ODESSA, FL 33556
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2. Principal Place of Business 6539 Marina Pointe Suite, Apt. #, etc. Village Court, #204 City & State TAMPA, FL Zip 33635 Country US	3. Mailing Address 6539 Marina Pointe Suite, Apt. #, etc. Village Court, #204 City & State Tampa, FL Zip 33635 Country US
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04232004 Chg-P CR2E034 (10/03)

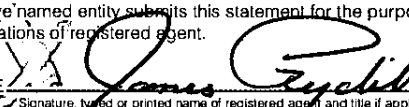
4. FEI Number 57-1176782	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SMITH, SMITTY 3802 EHRlich ROAD SUITE 210 TAMPA, FL 33624

7. Name and Address of New Registered Agent Name JAMES RYDILL Street Address (P.O. Box Number is Not Acceptable) 6539 MARINA POINTE VILLAGE COURT APARTMENT 204 City TAMPA FL Zip Code 33635

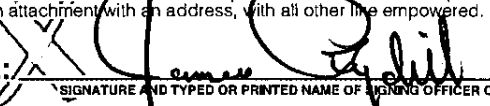
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/29/04**
(NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 line empowered.

SIGNATURE:  DATE **4/29/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #