2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 22, 2004 8:00 am DOCUMENT # P03000092812 **Secretary of State** 1. Entity Name 03-22-2004 90299 015 ***150.00 COASTLINE ENVIRONMENTAL, INC. Principal Place of Business Mailing Address 922 VILLAGE DRIVE ORMOND BEACH FL 32174 922 VILLAGE DRIVE 941134230 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address 130 Cimewood 130 Lines MOORE CR2E034 (11/03) 4. FEI Number 13-426/994 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent كررومح SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 City Over Beach 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. FILE NOW!!! FEE S \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT TITLE ☐ Delete TITLE ☐ Change ☐ Addition ffrey A. Cucas LUCAS, JEFFREY A NAME NAME 130 Linewood Pl, Suite #4 STREET ADDRESS 922 VILLAGE DRIVE STREET ADDRESS Crawad Boch ORMOND BEACH FL 32174 CITY-ST-ZIP CITY-ST-ZIP DV TITLE ☐ Delete TITLE ☐ Change Addition Carli M. Cucas LUCAS, CARLI M NAME NAME 130 Cinemood Pl Suite#4 STREET ADDRESS 922 VILLAGE DRIVE STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME LUCAS, RICHARD J NAME STREET ADDRESS 922 VILLAGE DRIVE STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 ap address, with all other like pmpowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

FILED

86-451-9648