


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90025 004 \*\*\*150.00

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # P03000145476</b>   |         |  |         |
| 1. Entity Name<br><b>COASTAL EVENT SERVICES, INC.</b>                          |         |   |         |
| Principal Place of Business<br><b>6813 NORTH CHURCH AVE<br/>TAMPA FL 33614</b> |         | Mailing Address<br><b>6813 NORTH CHURCH AVE<br/>TAMPA FL 33614</b>                |         |
| 2. Principal Place of Business - No P.O. Box #                                 |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |



1st MOORE CR2E034 (10/06)

|                                    |   |
|------------------------------------|---|
| 4. FEI Number<br><b>90-0153863</b> | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|---|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |  |             |
|---|--|--|-------------|
| 6. Name and Address of Current Registered Agent                     |  | 7. Name and Address of New Registered Agent        |             |
| <b>NEAL, MARCUS H III<br/>6522 SEAFAIRER DR.<br/>TAMPA FL 33615</b> |  | 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 *Mc H. Neal III* DATE 4/25/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                        |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | P<br>NEAL, MARCUS H III<br>6522 SEAFAIRER DR.<br>TAMPA FL 33615 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | V<br>NEAL, MARCUS H<br>6008 N. LOUIS AVE.<br>TAMPA FL 33614 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | VP<br>HALL, MARCIA Neal <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>6008 N. LOUIS AVE TPA FL 33614 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-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 exemptions contained in Section 119, 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: *Mc H. Neal III* DATE 4/25/07 DAYTIME PHONE 813.884.0204

SIGNATURE, TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR