


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90184 025 ***150.00

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| DOCUMENT # P03000146746 |  |
| 1. Entity Name COAST TO COAST POOL PLASTERING, INC. | |

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| Principal Place of Business 1232 VOYAGER ST DELTONA FL 32725 | Mailing Address 1232 VOYAGER ST DELTONA FL 32725 |
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| 2. Principal Place of Business 1232 Voyager St. Suite, Apt. #, etc. | 3. Mailing Address 2948 Forsyth Rd. Suite, Apt. #, etc. |
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| City & State Deltona, FL | City & State Winter Park, FL |
| Zip 32725 | Zip 32792 |
| Country | Country |

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| 4. FEI Number 80-0089387 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent KELLY, CHRISTOPHER 1800 W INTERNATIONAL SPEEDWAY BLVD BUILDING 2 SUITE 201 DAYTONA BEACH FL 32114 | |
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| 7. Name and Address of New Registered Agent | |
| Name None | |
| 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 **None** (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 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 | P LASHOMB, MARK R 1232 VOYAGER ST DELTONA FL 32725 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ALLISON, JASON C 1232 VOYAGER ST DELTONA FL 32725 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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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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: **Mark B Lashomb** **4-23-04** **407 595 7258**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #