2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005
Secretary of State

DOCUMENT# P03000149351

Entity Name: COASTAL TOOLING & SUPPLIES, INC.

Current Principal Place of Business:

6550 SR 13 NORTH
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

6550 SR 13 NORTH
ST AUGUSTINE, FL 32092

New Mailing Address:

3145 ST LOUIS AVE
GREEN COVE SPRINGS, FL 32043

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELTON, SHEILA R
6550 SR 13 NORTH
ST AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

SHELTON, SHEILA R
3145 ST LOUIS AVE
GREEN COVE SPRINGS, FL 32043 US

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.

SIGNATURE: SHEILA R SHELTON 08/11/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: SHELTON, SHEILA R
Address: 6550 SR 13 NORTH
City-St-Zip: ST AUGUSTINE, FL 32092

Title: S ( ) Delete
Name: SHELTON, WILLIAM R
Address: 6550 SR 13 NORTH
City-St-Zip: ST AUGUSTINE, FL 32092

Title: V ( ) Delete
Name: SHELTON, WILLIAM S
Address: 6550 SR 13 NORTH
City-St-Zip: ST AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: SHELTON, SHEILA R
Address: 3145 ST LOUIS AVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S (X) Change ( ) Addition
Name: SHELTON, WILLIAM R
Address: 3145 ST LOUIS AVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: V (X) Change ( ) Addition
Name: SHELTON, WILLIAM S
Address: 3145 ST LOUIS AVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA R SHELTON PT 08/11/2005
Electronic Signature of Signing Officer or Director Date