2006 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED May 01, 2006 08:00 A Secretary of State

1. Entity Name COASTAL VET, INC.

DOCUMENT # P03000154247

Principal Place of Business

SHALIMAR, FL 32579

Mailing Address

69 11 ST SHALIMAR, FL 32579 69 11 ST SHALIMAR, FL 32579



						04252006	No Cha-P	CR2E034 (11/05)
DO	NOT	WRITE	IN	THIS	SPACE	4. FEI Number		A

Applied For 20-0523596 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

PERRI, DANIEL C 4 11 AVE STE 1

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prices of registered agent.	urpose of changing its registered	office or a	egistered agent, or bo	th, in the State of Florida. I am familiar with, ar	id accept
SIGNATURE_	Signature upped or printed name of registered agent and side if	epolituduke (GACTE Florids soud A	gen, skyre.ur	மும்தன் விளாசாகத்தில்	DATE	/
	E NOW!!! FEE IS \$150,00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				<u> </u>
10.	OFFICERS AND DIREC	TORS .				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCK, BRIAN J 69 11 ST SHALIMAR, FL 32579				U00000545731 05/11/06-80090-005 1	50.00
NAME Street Adoress City-St- <i>L</i> :P						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	**************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	· — —
TITLE Name Street Address City-St-Zip						
TOTLE NAME						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

STREET ADDRESS CITY-ST-EIP

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian J. Brock

4/25/2006

850-609-1855