2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000157900

1. Entity Name

COASTAL SPECIALTY SOLUTIONS, INC.



FILED Mar 29, 2007 08:00 AM Secretary of State

Principal Place of Business

1700 GLEN STREET ORANGE PARK, FL 32073 Mailing Address

1700 GLEN STREET ORANGE PARK, FL 32073



DO NOT WRITE IN THIS S

01202007 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1615123 Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORAN, SEAN 1700 GLEN STREET ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE

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							
	- Signature, typed or printed name or registered agent and tipe in	applicable. (NOTE: He)	SISTEME AGENT EL	gnature	required when reinstand)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign I Trust Fund Contribut			\$5.00 May Be Added to Fees	•	
10.	. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORAN, SEAN 1700 GLEN STREET ORANGE PARK, FL 32073						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						U00000681806 04/04/07-80060-012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN T	HIS SPACE	

12. I hereby certify that the information supplied with this filling 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 the and adcurate 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 effect the 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: _

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTID HAVE OF SIGNING OFFICER OR DIRECTO

3-27.04 904249-9014