


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90025 038 \*\*\*158.75

<b>DOCUMENT # P04000004151</b>	
1. Entity Name <b>COASTAL CLEANING SYSTEMS, INC.</b>	

Principal Place of Business <b>435 COUNTRY WOOD CIR. LAKE MARY, FL 32746 US</b>	Mailing Address <b>435 COUNTRY WOOD CIR. LAKE MARY, FL 32746 US</b>
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2. Principal Place of Business <b>433 Country Wood Circle</b> Suite, Apt. #, etc.	3. Mailing Address <b>433 Country Wood Circle</b> Suite, Apt. #, etc.
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City & State <b>Lake Mary, FL 32746</b>	City & State <b>Lake Mary, FL 32746</b>
Zip <b>32746</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>HARDMAN, ERIC L. 435 COUNTRY WOOD CIR. <i>SEE NEW ADDRESS</i> LAKE MARY, FL 32746</b>	
7. Name and Address of New Registered Agent Name <b>Eric L. Hardman</b> Street Address (P.O. Box Number is Not Acceptable) <b>433 Country Wood Circle</b> City <b>Lake Mary, FL</b> Zip Code <b>32746</b>	

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: <i>Eric L. Hardman</i>	DATE: <b>1-7-05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HARDMAN, ERIC L 435 COUNTRY WOOD CIR. LAKE MARY, FL 32746</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Eric L. Hardman 433 Country Wood Circle Lake Mary, FL 32746</b> <input checked="" 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
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
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
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
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

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: <i>Eric L. Hardman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <b>1-7-05</b> DAYTIME PHONE #: <b>407-330-9674</b>

40000163



01062005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0688839**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Applied For ☐ Not Applicable ☐