

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 20, 2007 8:00 am  
Secretary of State**

01-19-2007 90028 035 \*\*\*150.00

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| <b>DOCUMENT # P04000068104</b>   |  |
| 1. Entity Name<br>COAST TO COAST PRODUCTIONS, INC.                           |  |
| Principal Place of Business<br>27421 LIPPIZAN TRAIL<br>PUNTA GORDA, FL 33950 | Mailing Address<br>27421 LIPPIZAN TRAIL<br>PUNTA GORDA, FL 33950 |



01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>20-1053846  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|  |                                       |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br>KLOOTWYK, RONALD R<br>27421 LIPPIZAN TRAIL<br>PUNTA GORDA, FL 33950 | <b>DO NOT WRITE<br/>IN THIS SPACE</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

|  |  |
|--|--|
| <b>10. OFFICERS AND DIRECTORS</b>              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KLOOTWYK, RONALD R<br>27421 LIPPIZAN TRAIL<br>PUNTA GORDA, FL 33950 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>WHITE, BEVERLY C<br>27421 LIPPIZAN TRAIL<br>PUNTA GORDA, FL 33950  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

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:** Ronald Klotwyk  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

215 07 941 815 6059