


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90509 026 \*\*\*158.75

**DOCUMENT # P04000094853**

1. Entity Name  
**COAST TO COAST MAINTENANCE, INC.**



Principal Place of Business  
**3511 TRIGGERFISH DR  
 HERNANDO BEACH S, FL 34607**

Mailing Address  
**3511 TRIGGERFISH DR  
 HERNANDO BEACH S, FL 34607**

2. Principal Place of Business  
**P.O. Box 5039**

3. Mailing Address  
**P.O. Box 5039**

Suite, Apt. #, etc.



02212005 Chg-P CR2E034 (10/03)

City & State  
**Englewood, FL**

City & State  
**Englewood, FL**

Zip  
**34224**

Country  
**USA**

Zip  
**34224**

Country  
**USA**

4. FEI Number  
**16-170 2267**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name  
**T & H Comptrollers, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**200 Capri Isle Blvd.**

Suite 2

City  
**Venice**

FL Zip Code  
**34292**

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 **Ronald P. Hogarth** *Ronald P. Hogarth* **2/24/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD NAPIER, NANCY A 3511 TRIGGERFISH DR HERNANDO BEACH S, FL 34607</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: *Nancy A Napier* **Nancy A Napier**

4-1-05 941) 586-0995

Signature and typed or printed name of signing officer or director Date Daytime Phone #