

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # P04000110612

1. Entity Name

COASTAL SUPPLY & RENTAL, INC.



Principal Place of Business

11905 PANAMA CITY BEACH PKWY
PANAMA CITY BEACH, FL 32407

Mailing Address

11905 PANAMA CITY BEACH PKWY
PANAMA CITY BEACH, FL 32407



03212007

No Chg-P

CR2E034 (11/05)

4. FEI Number

35-2234819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KILGORE, JAMES W
11905 PANAMA CITY BEACH PKWY
PANAMA CITY BEACH, FL 32407

**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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

U000000677445
03/30/07-80105-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KILGORE, JAMES W
STREET ADDRESS	11905 PANAMA CITY BEACH
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	VP
NAME	KILGORE, JAMES M
STREET ADDRESS	11905 PANAMA CITY BEACH PKWY
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	S
NAME	GALBREATH, STACIE R
STREET ADDRESS	13920 ASHTON WAY
CITY-ST-ZIP	PANAMA CITY, FL 32409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-07 (850) 234 1414