. 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Feb 12, 2008 8:00 am DOCUMENT # P04000115772 **Secretary of State** 1. Entity Name 02-12-2008 90013 034 ***150.00 COASTLINE YACHT SALES, INC. Principal Place of Business Mailing Address wong 1625 S. DEAN LANE FORT LAUDERDALE FL 33316 1625 S. DEAN LANE FORT LAUDERDALE FL 33316 2. Principal Place of Business - No P.O. Box # 1625 South OCEAN La 1st MOORE CR2E034 (10/07) Applied For 4. FEI Number 76-0775214 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHAEFER, C. WILLIAM 2108 S.E. 21ST STREET FORT LAUDERDALE FL 33316 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 arent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DPS TIRE Change Addition ☐ Delete NAME SCHAEFER, C. WILLIAM NAME STREET ADDRESS 1625 S. OCEAN LANE #187 STREET ADDRESS FORT LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NATAF STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change Addition 10316 THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 applicass, with all other like empowered.

OFFICER OR DIRECTOR

FILED