

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000166240

Entity Name: M AND S COASTAL ENTERPRISES, INC.

FILED
Apr 06, 2005
Secretary of State

Current Principal Place of Business:

4801 BONITA BEACH RD, ESTANCIA - # 1102
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

4801 BONITA BEACH RD, ESTANCIA - # 1102
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 20-1992819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
501 E KENNEDY BLVD
STE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
5811 PELICAN BAY BOULEVARD
SUITE 600
NAPLES, FL 34108 US

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.

SIGNATURE: JEANNE SEEWALD FOR FOWLER WHITE BOGGS BANK

04/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCARTHY, JAMES R
Address: 4801 BONITA BEACH RD, ESTANCIA - # 1102
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: MCCARTHY, JAMES R
Address: 4801 BONITA BEACH RD, ESTANCIA - # 1102
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DVS () Change (X) Addition
Name: ERICKSON, STEVE J
Address: 4801 BONITA BEACH RD, ESTANCIA - #1102
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. MCCARTHY

DPT

04/06/2005

Electronic Signature of Signing Officer or Director

Date