2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # P04000166240 1. Entity Name M AND S COASTAL ENTERPRISES, INC.	03-31-2008 90032 044 ***150.00
Principal Place of Business Mailing Address	
4801 BONITA BAY BLVD, ESTANCIA 1102 BONITA SPRINGS, FL 34134	
	PROTOCOL NIC CHO R
DO NOT WRITE IN THIS SPA	OS072008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For
	20-1992819 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
6. Name and Address of Current Registered Agent	Fee Required
	DO NOT WRITE. IN THIS SPACE
The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	3 Agent signature required when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be
10. OFFICERS AND DIRECTORS	
ITTLE MCCARTHY, JAMES R STRI 4801 BONITA BAY BLVD, ESTANCIA 110 CITY BONITA SPRINGS, FL 34134 TITLE DVS ERICKSON, STEVE J STR 4801 BONITA BAY BLVD, ESTANCIA 110 CIT BONITA SPRINGS, FL 34134 TITL MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE T	
 I hereby certify that the information supplied with this filling does not qualify for the exe indicated on this report or supplemental report is true and accurate and that my signal 	imptions contained in Chapter 119, Florida Statutes. I further certify that the information

indicated on this report or supplied with this thing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DREC

3-17-08

948-844C

Date