2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # P05000085572 02-16-2006 90044 007 \*\*\*150.00 1. Entity Name COASTAL SUN CORP. Principal Place of Business Mailing Address 06000000 4220 W KING STREET COCOA FL 32926 4220 W KING STREET COCOA FL 32926 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05)\* City & State City & State 4. FEI Number -Applied For-84-1683627 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHAH, NISHITH Street Address (P.O. Box Number is Not Acceptable) 4220 W KING STREET COCOA FL 32926 Zip Code 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, typed or printed name of registered again and lifte A applicable. (NOTE: Repisiered Agent argnature required when reinstating) DATE: FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Detete ITILE TITLE ☐ Change ☐ Addition SHAH, NISHITH NAME NAME STREET ADDRESS 4220 W KING STREET STREET ADDRESS CITY-ST-ZIP COCOA FL 32926 CITY-ST-ZIP Change MIE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deteta TITLE Change Addition HAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-70P 12. I hereby certify that the information supplied with this tilling 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 address, with all other like empowered.

PPGS2Dir

FILED Mar 07, 2006 8:00 am



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2006

COASTAL SUN CORP. 4220 W KING STREET COCOA, FL 32926

Subject: COASTAL SUN CORP.

Reference Number:

P05000085572

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION