

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118228

FILED
Apr 28, 2006
Secretary of State

Entity Name: COASTAL EVENTS AND CATERING, INC.

Current Principal Place of Business:

2134 INDIAN SKY CIRCLE
LAKELAND, FL 33813

New Principal Place of Business:

4030 KIDRON RD
LAKELAND, FL 33811

Current Mailing Address:

2134 INDIAN SKY CIRCLE
LAKELAND, FL 33813

New Mailing Address:

350 TOWNSEND AVENUE
BOOTHBAY HARBOR, ME 04538

FEI Number: 20-3378402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NESLUND, BRIAN MICHAEL
2134 INDIAN SKY CIRCLE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

NESLUND, BRIAN MICHAEL
2322 WEST-END AVE
LAKELAND, FL 33801 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:

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LARSON, SCOTT RICHARD
Address: P O BOX 100
City-St-Zip: WEST BOOTHBAY HARBOR, ME 04575

Title: ST () Delete
Name: HILSCHER, ROBERT BRIAN
Address: 80 OAK STREET
City-St-Zip: BOOTHBAY HARBOR, ME 04538

Title: D () Delete
Name: SMIGIELSKI, JOHN BRUNO
Address: 63 OAK STREET
City-St-Zip: BOOTHBAY HARBOR, ME 04538

Title: D () Delete
Name: VANSANJE, TYLER SCOTT
Address: PO BOX 185
City-St-Zip: EDGEComb, ME 04556

Title: D () Delete
Name: NESLUND, BRIAN MICHAEL
Address: 2134 INDIAN SKY CIRCLE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NESLUND, BRIAN MICHAEL
Address: 2322 WEST-END AVE
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SCOTT R. LARSON

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date