

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120681

FILED
Jul 03, 2009
Secretary of State

Entity Name: COASTAL TRUCKING SERVICES INC

Current Principal Place of Business:

109 WAMSLEY RD
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

8663 DEVOE ST N
JACKSONVILLE, FL 32220 US

Current Mailing Address:

109 WAMSLEY RD
JACKSONVILLE, FL 32254 US

New Mailing Address:

8663 DEVOE ST N
JACKSONVILLE, FL 32220 US

FEI Number: 20-3369964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HANSON, LINDSAY
109 WAMSLEY RD
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

DODDS, DEBBIE
8663 DEVOE ST N
JACKSONVILLE, FL 32220 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: DEBBIE DODDS

07/03/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANSON, LINDSAY L
Address: 109 WAMSLEY ROAD
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: VP () Delete
Name: HANSON, AARON W
Address: 109 WAMSLEY ROAD
City-St-Zip: JACKSONVILLE, FL 32254 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HANSON, LINDSAY L
Address: 172 ALBRIGHT DRIVE
City-St-Zip: HUNTSVILLE, AL 35811 US

Title: VP (X) Change () Addition
Name: HANSON, AARON W
Address: 8663 DEVOE ST N
City-St-Zip: JACKSONVILLE, FL 32220 US

I hereby certify that the information supplied with this filing does not qualify 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: LINDSAY HANSON

P

07/03/2009

Electronic Signature of Signing Officer or Director

Date