

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90162 042 \*\*\*150.00

**DOCUMENT # P05000131805**

1. Entity Name  
KOASTAL ELECTRIC SERVICES, INC.



Principal Place of Business

19207 HANNA RD  
LUTZ, FL 33549

Mailing Address

PO BOX 2765  
LUTZ, FL 33548

**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number

84-1692644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RITCHIE, RHONDA MARIE  
19207 HANNA RD  
LUTZ, FL 33549

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME MINSHEW, LAWRENCE ERIC  
STREET ADDRESS 19207 HANNA RD  
CITY-ST-ZIP LUTZ, FL 33549

TITLE DST  
NAME RITCHIE, RHONDA MARIE  
STREET ADDRESS 19207 HANNA RD  
CITY-ST-ZIP LUTZ, FL 33549

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

Date

4-30-08

Daytime Phone #