


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90054 042 ***150.00

DOCUMENT # P05000133374	
1. Entity Name COAST MOBILE TRUCK SERVICE II, INC	

Principal Place of Business 5140 NE 26TH TERR LIGHTHOUSE POINT FL 33064 US	Mailing Address 5140 NE 26TH TERR LIGHTHOUSE POINT FL 33064 US
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2. Principal Place of Business - No P.O. Box # COAST MOBILE TRUCK SERVICE II 630 SE 5TH TERRACE POMPANO BEACH FL	3. Mailing Address MICHAEL FOLEY 630 SE 5TH TERRACE POMPANO BEACH FL
City & State POMPANO BEACH FL	City & State POMPANO BEACH FL
Zip 33060	Zip 33060

1st MOORE CR2E034 (10/06)

4. FEI Number 20-3528515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOLEY, MICHAEL E 5140 NE 26TH TERR LIGHTHOUSE POINT FL 33064	7. Name and Address of New Registered Agent Name MICHAEL E. FOLEY Street Address (P.O. Box Number is Not Acceptable) 630 SE 5TH TERRACE City POMPANO BEACH FL Zip Code 33060
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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 *Michael E Foley* (NOTE: Registered Agent signature required when re-registering) DATE 4/23/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FOLEY, MICHAEL E 5140 NE 26TH TERR LIGHTHOUSE POINT FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FOLEY, MICHAEL E 630 S.E. 5TH TERRACE POMPANO BEACH, FL 33060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Michael E Foley* DATE 4/23/07 954-410-5240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR