

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

05-07-2007 90066 015 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000138073			
1. Entity Name COASTAL WELDING INC.			
Principal Place of Business 65 ROYAL OAK DR. PALM COAST, FL 32164 FL		Mailing Address 65 ROYAL OAK DR. PALM COAST, FL 32164	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 55-0807828		Applied For ☐ Not Applicable	
5. Certificate of St.L.S. Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYERS, CHRISTOPHER F 65 ROYAL OAK DR. PALM COAST, FL 32164		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of agent and date of registration. (Required for agent registered in the jurisdiction)			
FILE NOW! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.163(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MYERS, CHRISTOPHER F 65 ROYAL OAK DR. PALM COAST, FL 32164 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <i>Chris Myers</i> CHRISTOPHER MYERS		MAV 3, 2007 / 386-7347293	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	