

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000160128

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: COASTAL FIRE EQUIPMENT INC.

## Current Principal Place of Business:

PO BOX 491  
INDIAN ROCKS BEACH, FL 33785

## New Principal Place of Business:

12920 WALSHINGHAM RD. UNIT C  
LARGO, FL 33774

## Current Mailing Address:

PO BOX 491  
INDIAN ROCKS BEACH, FL 33785

## New Mailing Address:

FEI Number: 20-3898710      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LINDOW, ROY A  
Address: PO BOX 491  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D ( ) Delete  
Name: LINDOW, STACY L  
Address: PO BOX 491  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LINDOW, ROY A  
Address: PO BOX 491  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: V (X) Change ( ) Addition  
Name: LINDOW, STACY L  
Address: PO BOX 491  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: T ( ) Change (X) Addition  
Name: LINDOW, ROY A  
Address: PO BOX 491  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: S ( ) Change (X) Addition  
Name: LINDOW, STACY L  
Address: PO BOX 491  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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: ROY A LINDOW

P

04/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date