## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an atta

SIGNATURE:

## Mar 13, 2008 8:00 am Secretary of State DOCUMENT # P07000086136 03-13-2008 90039 006 \*\*\*150.00 COASTAL CUSTOM COMPANIES, INC. Principal Place of Business Mailing Address 2336 GRAND OAKS LANE 2336 GRAND OAKS LANE PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32408 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 26-0613222 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEEZLEY, BRANDY R 2336 GRAND OAKS LANE PANAMA CITY BEACH, FL 32408 8. The above na of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE/NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** TITLE Delete P JASON M. BEFZLEY TITLE **X** Addition Change Change BEEZLEY, BRANDY R NAME NAME 2336 GRAND CAKS LANE 2336 GRAND OAKS LANE STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH, FL 32408 CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition JOSEPH M. KUATZ SIO E. ZLH ST. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LYNN HAVEN, FZ 32444 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fring dose not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 trusted empowered execute this proof as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the proof of the corporation of the receiver of the statutes.

OR DIRECTOR

FILED