


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90474 016 ***150.00

DOCUMENT # P94000002619	
1. Entity Name COASTAL FUMIGATION, INC.	

Principal Place of Business 14929 NW 7 AVE MIAMI, FL 33168	Mailing Address 14929 NW 7 AVE MIAMI, FL 33168
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34033320



2. Principal Place of Business 953 NW 3RD AVE SUITE # 11 FLORIDA CITY, FL 33034 US	3. Mailing Address 953 NW 3RD AVE SUITE # 11 FLORIDA CITY, FL 33034 US
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05032004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0462654	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 YACKEE, SCOTT 14929 NW 7 AVE MIAMI, FL 33168	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 953 NW 3RD AVE, SUITE # 11 FLORIDA CITY FL 33034	

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PORTER, POWELL D 14929 NW 7 AVE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 953 NW 3rd Ave, Suite 11 Florida City, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVAK, ROBERT 14929 NW 7 AVE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 953 NW 3rd Ave, Suite 11 Florida City, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YACKEE, SCOTT 14929 NW 7TH AVE MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 953 NW 3rd Ave, Suite 11 Florida City, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVD PORTER, LORI A 14929 N. 7TH AVE. MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 953 NW 3rd Ave, Suite 11 Florida City, FL 33034
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Scott Yackee / **SCOTT YACKEE**

5/7/04 305-769-2898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone