


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000036847

1. Entity Name
COASTAL CHEMICALS, INC.



Principal Place of Business: **2787 SHAMROCK DRIVE VENICE FL 34293**

Mailing Address: **2787 SHAMROCK DRIVE VENICE FL 34293**



2. Principal Place of Business - No P.O. Box #
 State, Apt. #, etc

3. Mailing Address
 State, Apt. #, etc

1st MOORE CR2E034 (10/07)

City & State

4. FEI Number **65-0404878**

Applied For Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMERMAN, CARL E
 1124 S. CYPRESS POINT DR.
 VENICE FL 34293**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FLAGLER, HOWARD	
STREET ADDRESS	2787 SHAMROCK DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	S	<input type="checkbox"/> Delete
NAME	FLAGLER, VICKI	
STREET ADDRESS	2787 SHAMROCK DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000001913366	
CITY-ST-ZIP	05/08/08-B0012-U25 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Howard E Flagler* **HOWARD E FLAGLER 4/19/08 741-495-3227**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR