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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90051 016 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010042

1. Corporation Name

COASTAL REPORTING, INC.

Principal Place of Business

1520 LANGFORD DR.
LAKE CLARKE SHORES FL 33406

Mailing Address

1520 LANGFORD DR.
LAKE CLARKE SHORES FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1995

4. FEI Number

65-0553640

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 1840 Forest Hill Blvd.

26 1840 Forest Hill Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 205

27 Suite 205

City & State

City & State

23 WPB, FL

28 WPB, FL

Zip

Zip

24 33406

Country

25 USA

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLEASANTON, DAVID F
1840 FOREST HILL BLVD
STE 205
LAKE CLARKE SHORES FL 33406

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Ann Marie Pleasanton
Signature, typed or printed name of registered agent and title if applicable.

Ann Marie Pleasanton

1/13/99

DATE

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DPST PLEASANTON, ANN M

STREET ADDRESS 1520 LANGFORD DR.

CITY-ST-ZIP LAKE CLARKE SHORES FL 33406

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

1824 No. Palmway

Lake Worth, FL 33460

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann Marie Pleasanton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99
Date

(561) 547-7445
Daytime Phone #

CR2E034 (11/98)