2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000041174

Entity Name: COASTAL EQUIPMENT SYSTEMS. INC

FILED May 01, 2006 Secretary of State

Entity Nai	me: COASTA	L EQUIPMENT SYS	TEMS, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
5287 NEW	NT. CASSIDY, VKINGS RD. IVILLE, FL 322						
Current Mailing Address:				New Mailing Address:			
	/ KINGS RD IVILLE, FL 322	209 US					
FEI Number	: 59-3223719	FEI Number Applied	For () FEI	Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered	Agent:	Name and	Address	of New Registered Agent:	
SUITE 1 A JACKSON	OHNS AVENU VIVILLE, FL 322	210 US					
	e named entity : e of Florida.	submits this stateme	ent for the purpos	e of changing i	its register	ed office or registered agent, or b	oth,
SIGNATU							
	Electror	nic Signature of Reg	istered Agent			Date	
		3(2)(b), F.S., the corpo g Trust Fund Contribut		e the prior notic	e.		
OFFICER	S AND DIREC	TORS:		ADDITION	IS/CHANG	SES TO OFFICERS AND DIREC	TORS
Title: Name: Address: City-St-Zip:	PD () CASSIDY, JOH 3855 MCGIRTS JACKSONVILLI	BLVD.		Title: Name: Address: City-St-Zip:		() Change() Addition	
Title: Name: Address: City-St-Zip:	EVPD () CASSIDY, RICI 5287 NEW KIN JACKSONVILLI	GS ROAD		Title: Name: Address: City-St-Zip:	6870 PHIL	(X) Change()Addition RICHARD C JR LIPS HWY VILLE, FL 32216	
Title: Name: Address: City-St-Zip:	D () CASSIDY, CAR 5287 NEW KIN JACKSONVILLI	GS ROAD		Title: Name: Address: City-St-Zip:		() Change() Addition	
Title: Name: Address: City-St-Zip:	D () NAUGHTON, CI 5287 NEW KIN JACKSONVILLI	GS ROAD		Title: Name: Address: City-St-Zip:		() Change() Addition	
Title: Name: Address:) Delete		Title: Name: Address:	,	() Change (X) Addition RICHARD E LIPS HWY	

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.

City-St-Zip: JACKSONVILLE, FL 32216

SIGNATURE: RICHARD E. AUTREY CFO 05/01/2006

City-St-Zip: