2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 09, 2005 8:00 am Secretary of State DOCUMENT # P96000003248 .< 05-09-2005 90294 034 ***150.00 ALL COAST MANUFACTURING, INC. Principal Place of Business Mailing Address 2721 NORTH 58TH STREET NOT 2721 2721 NORTH 58TH STREET 2712 NORTH 58TH ST. NOT 2721 TAMPA FL 33619 TAMPA FL 33619 2. Principal Place of Business 3. Mailing Address 2712 N. 58+h Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3357641 lampa Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired H SA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GEORGE, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 8504M EAST ADAMO DR .2712 N 58TH ST NOT 850 4M EAST ADAMO 5+ **TAMPA FL 33619** Zip Code 3 36/9 City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME GEORGE, JEFFREY NAME STREET ADDRESS 8504M EAST ADAMO DR STREET ADDRESS TAMPA FL 33619 CITY-ST-7(P CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GEORGE, ROY NAME STREET ADDRESS 8504M EAST ADAMO DR STREET ADDRESS CITY-ST-ZIP TAMPA FL 33619 CITY-ST-ZIP ☐ Delete TIT: F ☐ Change ☐ Addition 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-ZIP ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP TITLE Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 12. I hereby certify that the information supplied with this filling 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.

FILED