

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000010944

1. Entity Name
COASTAL DRINKS & SNACKS, INC.



Principal Place of Business
**305 DIVISION AVE, #6
ORMOND BEACH, FL 32174 US**

Mailing Address
**140 7TH STREET
HOLLY HILL, FL 32117 US**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3369658

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SEAMAN, CARL E
140 7TH STREET
HOLLY HILL, FL 32117**

**DO NOT WRITE
IN THIS SPACE**

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 the filer applicable

(DO NOT include Agent signature when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
SEAMAN, CARL E
140 7TH STREET
HOLLY HILL, FL 32117**

TITLE
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CITY- ST- ZIP

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IN THIS SPACE**

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04/07/06-80017-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL E SEAMAN

3/14/06

386-527-1860

DATE

DAYTIME PHONE