## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF EGNING OFFICER OR DIRECTOR

LAKE WORTH, FL 33463

## **FILED** Jan 18, 2005 08:00 AM Secretary of State

Applied For Not Applicable

\$8.75 Additional Fee Required

DOCUMENT # P9700000829  1. Entity Name COASTAL CONDO SERVICES INC.		Secretary of Sta
Principal Place of Business 6397 WILLOUGHBY CIR LAKE WORTH, FL 33463	Mailing Addrass 6397 WILLOUGHBY CIR LAKE WORTH, FL 33463	
		01112005 No Chg-P CR2E034 (10/03)
DO NOT WE	RITE IN THIS SPACE	4. FEI Number A 65-0736507
		5. Certificate of Status Desired Section 5.
6. Name and Address of	Current Registered Agent ·	
LAZAR, FERNC 6397 WILLOUGHBY CIR		DO NOT WRITE

DC	TON (	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 title	if applicable, (NOTE, Registered	Agent signature	a required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAZAR, FERENC 6397 WILLOUGHBY LAKE WORTH, FL 33463				•	
TITLE NAME STREET ADDRESS CITY-SI-ZIP					000000183964 01/20/05-80009-023 150.00	
TITLE NAME STREET AODRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. 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 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.						