## 2004 FOR PROFIT CORPORATION' ANNUAL REPORT

## FILED Feb 19, 2004 08:00 AM Secretary of State

ANNOAL REPORT					Secretary of State		
DOCU	MENT # P970000258	1		~0010001	j or some		
1. Entity Nan	ne						
COSTON	ACCESSORY DEPOT, INC.		1				
					•	••	
Principal Plac	ce of Business	Mailing Address	_				
4685 OLD WINTER GARDEN ROAD 4685 OLD WINTER GARDEN I ORLANDO, FL 32811 ORLANDO, FL 32811		DAD	E 				
ORDANDO, FL 32011 ORDANDO, FL 32011					17 inn 1881 vom 2714 nam 1860 vom 1	ME I INITE PEN I - 11 EE M 4-41	
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ļ Ē				 		ICEN LEVEN NEW CONTRACT IN FORES	
			01302004	No Chg-P CR2EC	34 (10/03)		
	O NOT WRITE	CE	4. FEI Numb	oer	Applied For		
ł			59-343	38940	Not Applicable		
			As the second	5. Certificate	e of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent							
VAN WINE	KLE, PHILIP		Į.	DO	NOT MOIT	****	
4685 OLD	WINTER GARDEN ROAD	DO NOT WRITE					
ORLANDO, FL 32811				IN .	THIS SPACE	ma 1866 1888	
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. Lam familiar with, and accept							
the obligations of registered agent.							
SIGNATURE Signature, typed or pritted name of registered agent and bit elit applicable (NOTE Registered Agent signature required when registating).  DATE							
<u> </u>		ru vičaši siči strati redmici	a wifet in a Servicia	<del></del>	<u> </u>		
FIL	E NOW!!! FEE IS \$150,00	Election Campaign Final Trust Fund Contribution		.00 May Be led to Fees	000000056625 02/19/04-80027	3	
Alter may 1, 2007 to thirde tood.					02/19/04-80027	-022 150.00	
10.	OFFICERS AND DIF	RECTORS	; ·		· . <del></del> .		
NAME	PHILLIP VAN WINKLE						
STREET ADDRESS CITY-ST-ZIP	4685 OLD WINTER GARDEN RD ORLANDO, FL 32811						
TITLE	ONLANDO, FL 32011	<u></u>			· · · ·		
NAME							
STREET ADDRESS CITY-ST-ZIP							
TITLE	<del></del>	<u></u>			and the second second		
NAME							
STREET ADDRESS CITY-ST-ZIP				DO	<b>NOT WRIT!</b>		
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NAME.			IN THIS SPACE				
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LUTE CHA-21 5th		<u></u>				<del></del>	
NASME			1				
STREET ADDRESS							
CITY-ST-ZIP	<u> </u>	<u> </u>	] — ··				

12. Thereby 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.

SIGNATURE: ≤

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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