

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000053052

FILED
May 08, 2009
Secretary of State

Entity Name: COASTLINE MANUFACTURING CORP.

Current Principal Place of Business:

4110 ENTERPRISE AVE
#116
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

4110 ENTERPRISE AVE
#116
NAPLES, FL 34104

New Mailing Address:

FEI Number: 25-1769871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULL, BRIAN
4110 ENTERPRISE AVE.
#116
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KELLER, KEN
Address: 4110 ENTERPRISE AVE 116
City-St-Zip: NAPLES, FL 34104

Title: VP () Delete
Name: HULL, BRIAN
Address: 4110 ENTERPRISE AVE #116
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: BRIAN R HULL

VP

05/08/2009

Electronic Signature of Signing Officer or Director

_____ Date