


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90084 008 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P98000062010</b><br>1. Entity Name<br><b>COSTON MARINE SERVICES, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>228 HIBISCUS ST., SUITE 4<br/>JUPITER, FL 33458</b> | Mailing Address<br><b>228 HIBISCUS ST., SUITE 4<br/>JUPITER, FL 33458</b> |
|---|---|

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03162005 No Chg-P CR2E034 (10/03)

|   |   |
|---|---|
| 4. FEI Number<br><b>65-0850783</b>                        | Applied For<br>Not Applicable             |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>COSTON, DANIEL<br/>3172 SAINT LAWRENCE DRIVE<br/>PALM BEACH GARDENS, FL 33410</b> |
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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 required when reinstating) DATE \_\_\_\_\_

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |  |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COSTON, DAVID<br>193 BENT ARROW DRIVE<br>JUPITER, FL 33458       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COSTON, DANIEL<br>1514 15TH LANE<br>PALM BEACH GARDENS, FL 33418 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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.

**SIGNATURE:**  **Daniel L. Coston** 4/11/05 (561) 747-4382  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #