2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachr

SIGNATURE:

Feb 06, 2006 8:00 am DOCUMENT # P98000062010 **Secretary of State** 02-06-2006 90089 028 ***150.00 COSTON MARINE SERVICES, INC. Principal Place of Business Mailing Address 228 HIBISCUS ST., SUITE 4 228 HIBISCUS ST., SUITE 4 JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0850783 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COSTON, DANIEL Street Address (P.O. Box Number is Not Acceptable) 3172 SAINT LAWRENCE DRIVE PALM BEACH GARDENS FL 33410 Zip Code City FI 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 little if applicable (NOTE: Registered Agent signature required when resistating) FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. President Change ☐ Addition TITLE Delete TITLE Coston, David COSTON, DAVID NAME STREET ADDRESS STREET ADDRESS 193 BENT ARROW DRIVE 193 Bent Arrow Drive CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP FL 33458 Jupiter, Vice Président Coston Pariel 1372 SF. Lawrence Dr ☐ Addition TITLE TITLE ☐ Delete NAME NAME COSTON, DANIEL STREET ADDRESS STREET ADDRESS 1514 15TH LANE Beach Gardens, FL 33410 City-St-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-78P TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

like empowered.

INTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED

561-747-4382

Date