


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P98000084294 |  |
| 1. Entity Name COAST 2 COAST AUTO SERVICES, INC. | |

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 28 PM 2:56

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| Principal Place of Business 1350 E4 EAST TENNESSEE STREET SUITE 111 TALLAHASSEE, FL 32308 | Mailing Address 1350 E4 EAST TENNESSEE STREET SUITE 111 TALLAHASSEE, FL 32308 |
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| 2. Principal Place of Business 2287 West Tharpe St Suite, Apt. #, etc. B | 3. Mailing Address PO Box 20123 Suite, Apt. #, etc. |
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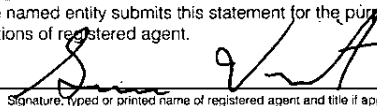
04282004 Chg-P CR2E034 (10/03)

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| City & State Tallahassee FL | City & State Tallahassee FL |
| Zip 32303 | Zip 32316 |
| Country Leon | Country Leon |

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| 4. FEI Number 59-3535454 | Applied For Not Applicable |
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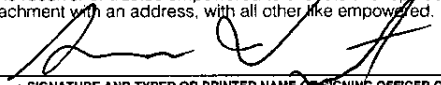
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent VINCENT, GUESLIN 1350 E4 EAST TENNESSEE STREET SUITE 111 TALLAHASSEE, FL 32308 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1922 Crosby Ct Apt C City Tallahassee FL Zip Code 32303 |
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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 |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P VINCENT, GUESLIN 2967 BYINGTON TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Vincent, Gueslin PO Box 20123 Tallahassee FL 32316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST CURRY, TEMESHA 2967 BYINGTON TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Curry, Temesha PO Box 20123 Tallahassee FL 32316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 04/28/04--01024--025 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date 4-28-04 | Daytime Phone # |
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