

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000099488

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: COASTAL INSPECTIONS INC.

## Current Principal Place of Business:

8730 MYSTIC CIRCLE  
NORTH PORT, FL 34287

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 7137  
NORTH PORT, FL 34287

## New Mailing Address:

PO BOX 7137  
NORTH PORT, FL 34290

FEI Number: 65-0881082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHERMAN, RAYMON  
8730 MYSTIC CIRCLE  
NORTH PORT, FL 34287 US

## Name and Address of New Registered Agent:

SHERMAN, RAYMON E  
8730 MYSTIC CIRCLE  
NORTH PORT, FL 34287 US

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: RAYMON E. SHERMAN

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHERMAN, RAYMON  
Address: PO BOX 7137  
City-St-Zip: NORTH PORT, FL 34287

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SHERMAN, RAYMON E  
Address: PO BOX 7137  
City-St-Zip: NORTH PORT, FL 34290

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: RAYMON E. SHERMAN

P

01/11/2008

Electronic Signature of Signing Officer or Director

Date