


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90040 018 ***150.00

DOCUMENT # P99000045183 1. Entity Name COASTAL OPERATING SERVICES, INC.			
Principal Place of Business 135 PROFESSIONAL DR, STE 104 PONTE VEDRA BEACH, FL 32082		Mailing Address 135 PROFESSIONAL DR, STE 104 PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business Suite, 2520 Isabella Blvd, #10		3. Mailing Address 2520 Isabella Blvd, #10 Suite, Apt. #, etc.	
City & State Jacksonville Beach, FL		City & State Jacksonville Beach, FL	
Zip 32250 Country		Zip 32250 Country	
4. FEI Number 59-3612407		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIEDMAN, MARTIN S ESQ. 2548 BLAIRSTONE PINES DR TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STEIN, R.L. 135 PROFESSIONAL DR, STE 104 PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2520 Isabella Blvd, #10 <input checked="" type="checkbox"/> ie <input type="checkbox"/> Addition Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCRAE, W.A. 135 PROFESSIONAL DR, STE 104 PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2520 Isabella Blvd, #10 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WHITMIRE, G.W. 135 PROFESSIONAL DR, STE 104 PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2520 Isabella Blvd, #10 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jacksonville Beach, FL 32250
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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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Ann M. Zaid</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/17/06 <small>Date Daytime Phone #</small>	

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