


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000077689</b>		
1. Entity Name COASTAL R V SERVICE, INC.		
Principal Place of Business 4620 CARTHAGE CIR. NORTH LAKE WORTH, FL 33463	Mailing Address 4620 CARTHAGE CIR. NORTH LAKE WORTH, FL 33463	
<b>DO NOT WRITE IN THIS SPACE</b>		
		01242006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0902435		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BRADY, MICHAEL C 4620 CARTHAGE CIR. NORTH LAKE WORTH, FL 33463		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRADY, MICHAEL C 4620 CARTHAGE CIR N. LAKE WORTH, FL 33463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRADY, KITTY 4620 CARTHAGE CIR N. LAKE WORTH, FL 33463	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>Michael C. Brady - MICHAEL C. BRADY</u>		02/27/06 564965-7P25
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #