2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000106741

Entity Name: COASTAL CARPENTRY, INC.

FILED Apr 20, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18171 90TH STREET N 18171 90TH STREET NORTH LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470

Current Mailing Address: New Mailing Address:

18171 90TH STREET N 18171 90TH STREET NORTH LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470

FEI Number: 65-0967931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALTERS, RONALD J

10166 NW 17TH STREET

CORAL SPRINGS, FL 33071

LIGHT, VICTORIA S

18171 90TH STREET NORTH

LOXAHATCHEE, FL 33470

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: VICTORIA S. LIGHT 04/20/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: LIGHT, VICTORIA SHAW

Address: 9205 RAMBLEWOOD DRIVE APT. 814

City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Delete Name: LIGHT, ALBERT E

Address: 9205 RAMBLEWOOD DRIVE APT. 814

City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition

Name: LIGHT, VICTORIA S

Address: 18171 90TH STREET NORTH City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP (X) Change () Addition

Name: LIGHT, ALBERT E

Address: 18171 90TH STREET NORTH City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VICTORIA S. LIGHT DPST 04/20/2004