2006 FOR PROFIT CORPORATION ·ANNUAL REPORT

DOCUMENT # S26883

1. Entity Name
COASTAL MARKETING SERVICE, INC.

Principal Place of Business	Mailing Address
1705 COLONIAL BLVD #C3 FT MYERS, FL 33907	1705 COLONIAL BLVD #C3 FT MYERS, FL 33907

04242006   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1432398	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DENHOLTZ, CARL J.
1705 COLONIAL BLVD
#C3
FT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	DENHOLTZ, CARL J.
STREET ADDRESS	1705 COLONIAL BLVD #C3
CITY-ST-ZIP	FT MYERS, FL

U00000539159
05/03/06-80090-006 150.00

TITLE	
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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: _____Carl J. Denholtz_____ Carl J. Denholtz 4/24/06 239-332-3030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #