

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S55335

FILED  
Jun 14, 2012  
Secretary of State

**Entity Name:** COASTAL PRESSURE SERVICES, INC.

**Current Principal Place of Business:**

4849 10TH AVENUE NORTH  
GREENACRES, FL 33463

**New Principal Place of Business:**

4840 10TH AVENUE NORTH  
GREENACRES, FL 33463

**Current Mailing Address:**

10626 FALLS ST.  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 65-0263384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STRUNCK, BRIAN  
10626 FALLS ST.  
WELLINGTON, FL 33414 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PDVS  
Name: STRUNCK, BRIAN  
Address: 10626 FALLS ST  
City-St-Zip: WELLINGTON, FL 33414

Title: T  
Name: STRUNCK, BRIAN  
Address: 10626 FALLS ST  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: BRIAN STRUNCK

PDVS

06/14/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date