


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 08:00 A
Secretary of State

DOCUMENT # 570904 1. Entity Name LAUNCH COAST SERVICES, INC.	
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Principal Place of Business 8505 BALTIMORE AVE COLLEGE PARK, MD 20740 US	Mailing Address 8505 BALTIMORE AVE COLLEGE PARK, MD 20740 US
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DO NOT WRITE IN THIS SPACE



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3108305	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COWART, J. KIMZIE
3230 BUCKINGHAM LANE
COCOA, FL 32926

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DAVIS, GLORIA JEAN 8505 BALTIMORE AVE COLLEGE PARK, MD 20740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTON, RAYMOND 8505 BALTIMORE AVE COLLEGE PARK, MD 20740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ROBERT 6901 CARLTON TERR COLLEGE PARK, MD. 20740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN, GRACE Z 9493 MESA VERDA AVE BATON ROUGE, LA 70814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000728750
05/08/07-80009-018 8.75

U00000728750
05/08/07-80009-018 150.00

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: G. Jean Davis 4/16/07 301 474-7530

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