2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 18, 2008 08:00 A Secretary of State

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1. Entity Name

LAUNCH COAST SERVICES, INC.



Principal Place of Business

8505 BALTIMORE AVE COLLEGE PARK, MD 20740

Mailing Address

8505 BALTIMORE AVE COLLEGE PARK, MD 20740

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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3108305

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 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	required when reinstating)	en reinstating) DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			000000907315 05/05/08-80033-013 158.75						
10.	OFFICERS AND DIREC	TORS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DAVIS, GLORIA JEAN 8505 BALTIMOREAVE 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			DO	NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN, GRACE Z 9493 MESA VERDA AVE BATON ROUGE, LA 70814		i i di	IN '	THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP											

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS