


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V23786</b> 1. Entity Name <b>COASTAL CARTS INC.</b>	
---	---

Principal Place of Business <b>6181 METRO PLANTATION RD FT. MYERS, FL 33912 US</b>	Mailing Address <b>6181 METRO PLANTATION RD FT. MYERS, FL 33912 US</b>
---	---



01122004 No Chg-P CR2E034 (10/03)


**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0319637</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PANKOW, GREGORY T. 6181 METRO PLANTATION FT. MYERS, FL 33912</b>
--

**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  1/12/04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000030296  
02/04/04-80104-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADLEY, PANKOW J 11439 RANCHETTE RD FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PANKOW, GREG 6181 METRO PLANTATION FT MYERS FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VF PANKOW, KEVIN 6181 METRO PLANTATION ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  1/24/04 239-934-5676  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #