


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # V30114 1. Entity Name COAST TO COAST GRADING, INC.	
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Principal Place of Business 5326 LAND O LAKES BLVD LAND O'LAKES, FL 34639 US	Mailing Address P O BOX 1455 LAND O'LAKES, FL 34639 US
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04302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3121377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANDERSON, CLIFFORD 9760 WOOD DALE LANE LAND O'LAKES, FL 34639
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**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

000000363476
05/05/05-80155-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, CLIFFORD 9760 WOODDALE LN. LAND O'LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, BRAD 9810 WOODDALE LANE LAND O'LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, FRANKLIN D 9730 WOODDALE LN LAND O LAKES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(i), 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:  **Clifford Anderson (P)** 4/24/05 813-996-2406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #