

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90067 020 ***150.00

DOCUMENT # V58014

1. Entity Name

COASTAL SUPPLIES OF FLAGLER COUNTY, INC.



Principal Place of Business

4 C MARKET PLACE COURT
PALM COAST FL 32137

Mailing Address

4 C MARKET PLACE COURT
PALM COAST FL 32137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3145387

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VINCI, ANDREW
9 REIDSVILLE DR
PALM COAST FL 32164

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Andrew P. Vinci

(NOTE: Registered Agent signature required when reinstating)

2/28/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VINCI, MARY L	
STREET ADDRESS	4C MARKET PLACE COURT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VINCI, ANDREW	
STREET ADDRESS	9 REIDSVILLE DR	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VINCI, ARIANE	
STREET ADDRESS	9 REIDSVILLE DR	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Andrew P. Vinci Andrew P. Vinci

Date

Daytime Phone #

2-28-05

786 445 8079