DOCUMENT# P02000069156 Entity Name: COASTAL CONSTRUCTION AND PETROLEUM SERVICES, INC.			Apr 11, 2025 Secretary of State	
		INC.		
Current Pri 5764 LENOX / JACKSONVILI			3	570377862CC
Current Ma	iling Address:			
PO BOX 60 JACKSON\	065 (ILLE, FL 32236 US			
FEI Number: 04-3693519 Certifica		Certificate of Stat	te of Status Desired: Yes	
Name and	Address of Current Registered Agen	t:		
itanio ana	• •			
LYNCKER, CA 4524 SAPPHC	REY O'NEILL III) AVE LE, FL 32205 US			
LYNCKER, CA 4524 SAPPHC JACKSONVILI) AVE	ging its registered office or regis	tered agent, or both, in the s	State of Florida.
LYNCKER, CA 4524 SAPPHC JACKSONVILI) AVE .E, FL 32205 US	ging its registered office or regis	tered agent, or both, in the s	State of Florida. 04/11/2025
LYNCKER, CA 4524 SAPPHC JACKSONVILI	0 AVE LE, FL 32205 US ed entity submits this statement for the purpose of chan	iging its registered office or regis	tered agent, or both, in the s	
LYNCKER, CA 4524 SAPPHO JACKSONVILI The above name SIGNATUR	DAVE LE, FL 32205 US ed entity submits this statement for the purpose of chan E: CAREY LYNCKER	iging its registered office or regis	tered agent, or both, in the a	04/11/2025
LYNCKER, CA 4524 SAPPHO JACKSONVILI The above name SIGNATUR	DAVE LE, FL 32205 US ad entity submits this statement for the purpose of chan E: <u>CAREY LYNCKER</u> Electronic Signature of Registered Agent	iging its registered office or regis	tered agent, or both, in the s	04/11/2025
LYNCKER, CA 4524 SAPPHO JACKSONVILI The above name SIGNATUR	DAVE LE, FL 32205 US ad entity submits this statement for the purpose of chan E: <u>CAREY LYNCKER</u> Electronic Signature of Registered Agent Elector Detail :			04/11/2025 Date
LYNCKER, CA 4524 SAPPHO JACKSONVILI The above name SIGNATUR Officer/Dire Title	DAVE LE, FL 32205 US ed entity submits this statement for the purpose of chan E: <u>CAREY LYNCKER</u> Electronic Signature of Registered Agent Elector Detail : P	Title	VP	04/11/2025 Date JR.
LYNCKER, CA 4524 SAPPHC JACKSONVILI The above name SIGNATUR Officer/Dire Title Name	DAVE LE, FL 32205 US ad entity submits this statement for the purpose of chan E: <u>CAREY LYNCKER</u> Electronic Signature of Registered Agent Elector Detail : P LYNCKER, CAREY O SR. 5764 LENOX AVENUE	Title Name Address	VP LYNCKER, CAREY O	04/11/2025 Date
LYNCKER, CA 4524 SAPPHC JACKSONVILI The above name SIGNATUR Officer/Dire Title Name Address	DAVE LE, FL 32205 US ad entity submits this statement for the purpose of chan E: <u>CAREY LYNCKER</u> Electronic Signature of Registered Agent Elector Detail : P LYNCKER, CAREY O SR. 5764 LENOX AVENUE	Title Name Address	VP LYNCKER, CAREY O 5764 LENOX AVENUE	04/11/2025 Date
LYNCKER, CA 4524 SAPPHC JACKSONVILI The above name SIGNATUR Officer/Dire Title Name Address City-State-Zip:	AVE LE, FL 32205 US ed entity submits this statement for the purpose of chan E: <u>CAREY LYNCKER</u> Electronic Signature of Registered Agent Elector Detail : P LYNCKER, CAREY O SR. 5764 LENOX AVENUE JACKSONVILLE FL 32205	Title Name Address	VP LYNCKER, CAREY O 5764 LENOX AVENUE	04/11/2025 Date
LYNCKER, CA 4524 SAPPHO JACKSONVILL The above name SIGNATUR Officer/Dire Title Name Address City-State-Zip: Title	AVE LE, FL 32205 US ad entity submits this statement for the purpose of chan E: <u>CAREY LYNCKER</u> Electronic Signature of Registered Agent Elector Detail : P LYNCKER, CAREY O SR. 5764 LENOX AVENUE JACKSONVILLE FL 32205 T	Title Name Address	VP LYNCKER, CAREY O 5764 LENOX AVENUE	04/11/2025 Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAREY LYNCKER

PROJECT MANAGER

04/11/2025

FILED

Electronic Signature of Signing Officer/Director Detail

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT