

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000079467

**Entity Name:** COASTAL AUTO RELOCATION SERVICES, INC.

**Current Principal Place of Business:**

4462 RIVER TRAIL RD.  
JACKSONVILLE, FL 32277

**Current Mailing Address:**

4462 RIVER TRAIL RD.  
JACKSONVILLE, FL 32277 US

**FEI Number:** 26-3260340

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLACKWELDER B, RYAN  
4462 RIVER TRAIL RD.  
JACKSONVILLE, FL 32277 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BLACKWELDER, BRYAN  
Address 5344 RIVER FOREST DRIVE  
City-State-Zip: JACKSONVILLE FL 32211

*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:** BRYAN BLACKWELDER

**PRESIDENT**

**03/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date