**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 12, 2014**
**Secretary of State**
**CC9956504403**

DOCUMENT# S55335

**Entity Name:** COASTAL PRESSURE SERVICES, INC.

**Current Principal Place of Business:**

5208 UNIT# C 10TH AVENUE NORTH
GREENACRES, FL 33463

**Current Mailing Address:**

5208 UNIT# C 10TH AVENUE NORTH
GREENACRES, FL 33463 US

**FEI Number: 65-0263384**

**Certificate of Status Desired:** No

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

STRUNCK, BRIAN
309 LAKE CIRCLE APT# 201
N PALM BEACH, FL 33408 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 | PDVS | Title | T |
| Name | STRUNCK, BRIAN | Name | STRUNCK, BRIAN |
| Address | 309 LAKE CIRCLE<br>201 | Address | 309 LAKE CIRCLE<br>201 |
| City-State-Zip: | NORTH PALM BEACH FL 33408 | City-State-Zip: | NORTH PALM BEACH FL 33408 |

*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: BRIAN STRUNCK MR 03/12/2014

Electronic Signature of Signing Officer/Director Detail — Date