


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90050 044 ***150.00

DOCUMENT # J01708
 1. Entity Name
COQUINA COVE RESIDENTS, INC.



Principal Place of Business Mailing Address
 15010 113TH AVENUE NORTH 15010 113TH AVENUE NORTH
 LARGO, FL 33774 US LARGO, FL 33774 US

94033457



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

03132004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
DAMONTE, JONATHAN J
12110 SEMINOLE BLVD
LARGO, FL 33778

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME ALICE, LOIS STREET ADDRESS 15010 113TH AVE N LOT9 CITY-ST-ZIP LARGO, FL 33774	<input type="checkbox"/> Delete
TITLE NAME SUPILOWSKI, JOANNE STREET ADDRESS 15010 113TH AVE N LOT 28 CITY-ST-ZIP LARGO, FL 33774	<input checked="" type="checkbox"/> Delete
TITLE NAME TEER, JACK STREET ADDRESS 15010 113TH AVE N LOT 50 CITY-ST-ZIP LARGO, FL 33774	<input type="checkbox"/> Delete
TITLE NAME BANKER, KIMBERLY STREET ADDRESS 15010 113TH AVE N #1B CITY-ST-ZIP LARGO, FL 33774	<input type="checkbox"/> Delete
TITLE NAME STAMPER, ALBERT STREET ADDRESS 15010 113TH AVE N LOT 35 CITY-ST-ZIP LARGO, FL 33774	<input checked="" type="checkbox"/> Delete
TITLE NAME ERHARDT, DEBORAH STREET ADDRESS 15010 113TH AVE N #3 CITY-ST-ZIP LARGO, FL 33774	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PRICE, LOIS STREET ADDRESS 15010 113TH AVE N. LOT 9 CITY-ST-ZIP LARGO, FL 33774	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STRELECKI, STAN STREET ADDRESS 15010 113TH AVE N. LOT 61 CITY-ST-ZIP LARGO, FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME TEER, JACK STREET ADDRESS 15010 113TH AVE N. LOT 50 CITY-ST-ZIP LARGO, FL 33774	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME CHULLA, NANCY STREET ADDRESS 15010 113TH AVE N. LOT 13 CITY-ST-ZIP LARGO, FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME HOLCOMB, RAYMOND STREET ADDRESS 15010 113TH AVE N. LOT 53 CITY-ST-ZIP LARGO, FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kimberly Banker Treco Kimberly BANKER 3/15/04 727-421-0970
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #