


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90212 003 \*\*\*150.00

<b>DOCUMENT # J01708</b>			
1. Entity Name COQUINA COVE RESIDENTS, INC.			
Principal Place of Business 15010 113TH AVENUE NORTH LARGO FL 33774 US		Mailing Address 15010 113TH AVENUE NORTH LARGO FL 33774 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

J001708



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2655539		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAMONTE, JONATHAN J 12110 SEMINOLE BLVD LARGO FL 33778		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P <input type="checkbox"/> Delete	NAME: ALICE, LOIS STREET ADDRESS: 15010 113TH AVE N LOT9 CITY-ST-ZIP: LARGO FL 33774	TITLE: VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Price, Lois STREET ADDRESS: 15010 113th Ave N. Lot 9 CITY-ST-ZIP: Largo, Fl 33774
TITLE: D <input type="checkbox"/> Delete	NAME: STRELECKI, STAN STREET ADDRESS: 15010 113TH AVE. N, LOT 61 CITY-ST-ZIP: LARGO FL 33774	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: V <input type="checkbox"/> Delete	NAME: TEER, JACK STREET ADDRESS: 15010 113TH AVE N LOT 50 CITY-ST-ZIP: LARGO FL 33774	TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Teer, Jack STREET ADDRESS: 15010 113th Ave N. Lot 50 CITY-ST-ZIP: Largo, Fl 33774
TITLE: T <input type="checkbox"/> Delete	NAME: BANKER, KIMBERLY STREET ADDRESS: 15010 113TH AVE N #1B CITY-ST-ZIP: LARGO FL 33774	TITLE: S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Chulla, Nancy STREET ADDRESS: 15010 113th Ave N. Lot13 CITY-ST-ZIP: Largo, Fl 33774
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: STAMPER, ALBERT STREET ADDRESS: 15010 113TH AVE N LOT 35 CITY-ST-ZIP: LARGO FL 33774	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Gamble Marge STREET ADDRESS: 15010 113th Ave N. Lot 8 CITY-ST-ZIP: Largo, Fl 33774
TITLE: S <input type="checkbox"/> Delete	NAME: ERHARDT, DEBORAH STREET ADDRESS: 15010 113TH AVE N #3 CITY-ST-ZIP: LARGO FL 33774	TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Erhardt, Deborah STREET ADDRESS: 15010 113th Ave. N. Lot 3 CITY-ST-ZIP: Largo, Fl 33774

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 KIMBERLY BANKER, TREAS 2/22/05 727-421-0970  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #