

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90339 046 \*\*\*150.00

<b>DOCUMENT # P00000091195</b>						
<b>1. Entity Name</b> INTERCOASTAL MARINE HOLDING CORPORATION						
<b>Principal Place of Business</b> 248 N. CAUSEWAY NEW SMYRNA BEACH, FL 32169 US			<b>Mailing Address</b> 248 N. CAUSEWAY NEW SMYRNA BEACH, FL 32169 US			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		04252006    Chg-P    CR2E034 (11/05)		
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3673010		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  WILSON, JAY 248 N. CAUSEWAY NEW SMYRNA BEACH, FL 32169			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
FL			Zip Code			
<b>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.</b>						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> VP	<b>NAME</b> SCHAFF, LUZ M		<input type="checkbox"/> Delete	<b>TITLE</b> VP	<b>NAME</b> SCHAFF, LUZ M	
<b>STREET ADDRESS</b> 967 SMOKERISE BLVD	<b>CITY-ST-ZIP</b> PORT ORANGE, FL 32127		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 248 N. CAUSEWAY	<b>CITY-ST-ZIP</b> NEW SMYRNA BEACH, FL 32169	
<b>TITLE</b> S	<b>NAME</b> WILSON, JAY		<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 248 N. CAUSEWAY	<b>CITY-ST-ZIP</b> NEW SMYRNA BEACH, FL 32169		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> P	<b>NAME</b> SCHAFF, FRANK C		<input type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> SCHAFF, FRANK C	
<b>STREET ADDRESS</b> 967 SMOKERISE BLVD	<b>CITY-ST-ZIP</b> PORT ORANGE, FL 32127		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 248 N. CAUSEWAY	<b>CITY-ST-ZIP</b> NEW SMYRNA BEACH, FL 32169	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	
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<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>						
<b>SIGNATURE:</b>			JAY WILSON		4-25-06    386-427-4514	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>	