


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90030 025 ***150.00


DOCUMENT # P99000060869
 1. Entity Name
COASTAL MARKETING GROUP, INC.



Principal Place of Business Mailing Address
4595 LEXINGTON AVE **4595 LEXINGTON AVE**
STE 200 **STE 200**
JACKSONVILLE FL 32210 **JACKSONVILLE FL 32210**

2. Principal Place of Business 3. Mailing Address
1493 Scarlett Way **1493 Scarlett Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Green Cove Springs FL **GREEN COVE SPRINGS**
 Zip Country Zip Country
32043 USA **32043 USA**



MOORE CR2E034 (11/03)

4. FEI Number **59-3589537** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GARNER, RON
2233 PARK AVE #302
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent
 Name **RON GARNER**
 Street Address (P.O. Box Number is Not Acceptable)
1493 Scarlett Way
 City **GREEN COVE SPRINGS** FL Zip Code **32043**

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 *Ronald A. Garner* DATE 2/06/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GARNER, RON 1493 SCARLETT WAY GREENCOVE SPRINGS FL 32043 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GARNER, CHARLOTTE W 1493 SCARLETT WAY GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP-S GARVER, RONALD H JR 1800 SENTRY OAK COURT GREEN COVE SPRINGS FL 32043 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST LEDFORD, PAMELA G 3383 BEULAH VISTA COURT ORANGE PARK FL 32003 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *Ronald A. Garner* DATE 2/06/04 DAYTIME PHONE # 904-284-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR