


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 417528

1. Entity Name
COASTAL THEATRE PRODUCTIONS INC



Principal Place of Business Mailing Address

25 N. PINEAPPLE AVE. **25 N. PINEAPPLE AVE.**
SARASOTA, FL 34236 **SARASOTA, FL 34236**

DO NOT WRITE IN THIS SPACE



03262003 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1445541	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHEA, JOHN J. J
720 S ORANGE AVE
SARASOTA, FL 34236

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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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD TUROFF, ROBERT E 5674 BEE RIDGE RD. EXT. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTOLIK, FELICIA 2966 LOUISE ST SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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06/04/04-80003-003 150.00

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: *Felicia Antolik* **6/1/04 941-366-2913**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #