## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## FILED Feb 09, 2004 08:00 AM Secretary of State

| DOCUMENT # 515351  1. Entity Name COASTAL INVESTMENTS CORPORATION   |  |   |                             |  |                        |                           |                                   |
|---|--|---|-----------------------------|--|------------------------|---------------------------|-----------------------------------|
| Principal Place<br>1019 JANES<br>KNOXVILLE,   | MEADOW ROAD  | Mailing Address<br>1019 JANES MEADOW ROAD<br>KNOXVILLE, TN 37932                        | -                           |  |                        |                           |                                   |
| n   | O NOT WRITE  | IN THIS SPA   | ČE                          | 01062004   | No Chg-P               |                           | 34 (10/03)                        |
|   |  |   |                             | 4. FEI Numbe<br>59-169'<br>5. Certificate  |                        |                           | Not Applicab<br>\$8.75 Additional |
|   | 6. Name and Address of Current Re  |   |                             |  |                        |                           | Fee Required                      |
| 100 N BIS<br>STE 1707   | IN, JEFFREY A<br>CAYNE BLVD<br>NEW WORLD TOWER   |   |                             |  | NOT W                  |                           |                                   |
| MIAMI, FL   |  |   |                             |  |                        |                           |                                   |
| 8. The above  | named entity submits this statement for the long of registered agent.  |   | ,                           | rad agent, or bot  | delibera albem di      |                           | amiliar with, and accep           |
| 8. The above the obligat  | named entity submits this statement for if   |   | red office or register      | rad agent, or bot  | delibera albem di      | orida. I am I             | amiliar with, and accep           |
| 8. The above the obligation SIGNATURE_  | named entity submits this statement for the long of registered agent.  | tille if applicable. (NOTE, Register  | ed Agent signature required | rad agent, or bot  | delibera albem di      |                           | lamiliar with, and accep          |
| 8. The above<br>the obligat<br>SIGNATURE_   | e named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and the NOWILL FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 OFFICERS AND DI  | sille if applicable. (NOTE Register  9. Election Campaign Fina  Trust Fund Contribution | ed Agent signature required | red agent, or bot  | delibera albem di      |                           | amiliar with, and accep           |
| 8. The above the obligate SIGNATURE   | e named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and are now in the second agent and are 1, 2004 Fee will be \$550.00 OFFICERS AND DIDENT.   | sille if applicable. (NOTE Register  9. Election Campaign Fina  Trust Fund Contribution | ed Agent signature required | red agent, or bot  | delibera albem di      |                           | amiliar with, and accep           |
| 8. The above the obligate SIGNATURE_ FIL. After M: 10. TITLE NAME   | e named entity submits this statement for thins of registered agent.  Signature, typed or printed name of registered agent and the statement of the statement o | sille if applicable. (NOTE Register  9. Election Campaign Fina  Trust Fund Contribution | ed Agent signature required | red agent, or bot  | h, in the State of Flo | DATE                      | amiliar with, and accep           |
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| 8. The above the obligate SIGNATURE_ FIL After M: 10. TITLE NAME STREET ADDRESS   | e named entity submits this statement for thins of registered agent.  Signature, typed or printed name of registered agent and the statement of the statement of registered agent and the statement of registered agent  | sille if applicable. (NOTE Register  9. Election Campaign Fina  Trust Fund Contribution | ed Agent signature required | red agent, or bot  | h, in the State of Flo | DATE                      | amiliar with, and accept          |
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| 8. The above the obligate the obligate SIGNATURE_  FIL. After M:  10. THE NAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS CITY-ST-ZIP | e named entity submits this statement for it itions of registered agent.  Signature, typed or printed name of registered agent and the statement of the statement for it it is statement for it is statement for it is statement for it is statement for it is statement and the statement of registered agent and the statement of registered a | sille if applicable. (NOTE Register  9. Election Campaign Fina  Trust Fund Contribution | ed Agent signature required | red agent, or both d when reinstating)  .00 May Be led to Fees   | h, in the State of Flo | DATE 22 10038-            | 12 15Q.QQ                         |
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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: STATUS AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF DATE OF SIGNING OFFICER OR DIRECTOR