

ANNUAL REPORT

DOCUMENT # 575309

1. Entity Name
COASTPLAN, INC.



FILED
Sep 10, 2004 08:00 AM
Secretary of State

Principal Place of Business
12271 COYLE ROAD
FORT MYERS, FL 33905 US

Mailing Address
12271 COYLE ROAD
FORT MYERS, FL 33905 US



DO NOT WRITE IN THIS SPACE

09072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1834570

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WORKMAN, RICHARD W
12271 COYLE ROAD
FT. MYERS, FL 33905

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WORKMAN, RICHARD
STREET ADDRESS	12271 COYLE ROAD
CITY-ST-ZIP	FT. MYERS, FL 339056226
TITLE	SDV
NAME	KNAUFF, KELLY
STREET ADDRESS	20250 CYPRESS CREEK ROAD
CITY-ST-ZIP	ALVA, FL 39200
TITLE	TD
NAME	GREEN, JAMES
STREET ADDRESS	20250 CYPRESS CREEK ROAD
CITY-ST-ZIP	ALVA, FL 39200
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000172052
09/10/04-80001-006 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:

Richard W. Workman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard W. Workman 9/7/04 239/694-0101