

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 669585

FILED
Feb 19, 2004
Secretary of State

Entity Name: COASTAL COMPUTER CORPORATION

Current Principal Place of Business:

44 BARKLEY CIR
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

44 BARKLEY CIR
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 59-1992655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHREINER, DEAN
44 BARKLEY CIR
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SLAY, GEORGE H.,
Address: 44 BARKLEY CIR
City-St-Zip: FORT MYERS, FL 33907

Title: S () Delete
Name: SLAY, GLENN S
Address: 44 BARKLEY CIR
City-St-Zip: FORT MYERS, FL 33907

Title: P () Delete
Name: SCHREINER, DEAN E
Address: 12856 HONEYSUCKLE LN
City-St-Zip: FORT MYERS, FL 33912

Title: V () Delete
Name: FANELLI, THOMAS
Address: 1751 BEACH PKWY #2
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: FANELLI, THOMAS
Address: 2928 SW 10TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN E. SCHREINER

PRES

02/19/2004

Electronic Signature of Signing Officer or Director

Date