


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90011 031 \*\*\*150.00

<b>DOCUMENT # F96000006739</b> 1. Entity Name <b>COASTAL EXPEDITIONS INC.</b>	
-------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>% KENNETH M. BEANE, ESQ. 670 N. ORLANDO AVE, SUITE 1004A MAITLAND, FL 32751</b>	Mailing Address <b>% KENNETH M. BEANE, ESQ. 670 N. ORLANDO AVE, SUITE 1004A MAITLAND, FL 32751</b>
---------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

**BEANE, KENNETH M ESQ  
670 N. ORLANDO AVE, SUITE 1004A  
MAITLAND, FL 32751**

**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: *Kenneth M. Beane* DATE: March 3, 2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOCKHART, CLARITA V SHIRLEY STREET & ELIZABETH AVENUE NASSAU N.P. BAHAMAS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MACKEY, ANUSHKA SHIRLEY STREET & ELIZABETH AVENUE NASSUA N.P. BAHAMAS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCAVELLA, BETSHEBA SHIRLEY STREET & ELIZABETH AVENUE NASSAU N.P. BAHAMAS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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)(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: *Clarita V. Lockhart* **CLARITA V. LOCKHART** 11TH FEBRUARY, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #