2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F96000006739

1. Entity Name

COASTAL EXPEDITIONS INC.



FILED Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90254 041 ***150.00

Principal Place of Business		Mailing Addre	Mailing Address							
% KENNETH M. BEANE, ESQ. 670 N. ORLANDO AVE, SUITE 1004A MAITLAND FL 32751		A 670 N. ORLA	% KENNETH M. BEANE, ESQ. 670 N. ORLANDO AVE, SUITE 1004A MAITLAND FL 32751							
2. Principal Place of Business		3. Mailing Add	3. Mailing Address							
Suite. Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		1st	1st MOORE CR2E034 (10/05)				
City & State		City & State	City & State		4. FEI Numbe	NO-T APPL	ICABLE	<u> </u>	plied For Applicable	
Zip	Country	Zip	Coi	untry	5. Certificate	of Status Desired		8.75 Add		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
				Name						
670	NE, KENNETH M E N. ORLANDO AVE, TLAND FL 32751	SQ , SUITE 1004A	1004A		Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code		
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 hame of re	egistered agent and title if applicable	(NOTE: Registe	erêd Agent signature rês	quired when reinstating)		DATE			
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10.	OFFI	CERS AND DIRECTORS	1.	1,	ADDITIONS/	CHANGES TO OFFI	CERS AND D	IRECTORS	3IN 11	
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NAME	LOCKHART, CLARITA V	/	N/	AME					Ì	
STREET ADDRESS	· ·		SI	REET ADDRESS						
CITY-ST-ZIP	NASSAU N.P. BAHAMA	S	CI	TY-ST-ZIP						
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NAME	SCAVELLA, BETSHEBA	i	N/	AME						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 eath; that I am an office for 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:

TYPES OR PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/16/06 (407)629-1661

ATTACHMENT 40039384

#F96000006739

KENNETH M. BEANE Professional Association ATTORNEY AND COUNSELOR AT LAW

670 N. Orlando Avenue, Suite 1004A Maitland, Florida 32751 407-629-1661

407-629-1661 Fax: 407-539-2004

March 16, 2006

Department of State Division of Corporations P.O. Box 6850 Tallahassee, FL 32314

Re: Coastal Expeditions, Inc.

Our File No.: C-12-00

To Whom It May Concern:

Enclosed please find the original 2005 For Profit Corporation Annual Report and bank draft payable to Florida Department of State in the amount of \$150.00 representing the Annual Report fee regarding the above-referenced matter. I am enclosing a stamped, self-addressed envelope for return of receipt.

I remain,

Very truly yours,

Kenneth M. Beane

KMB:td Enclosures

cc: Ms. Clarita V. Lockhart

Department of State ltr 2.doc