

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000006739

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** COASTAL EXPEDITIONS INC.

**Current Principal Place of Business:**

% KENNETH M. BEANE, ESQ.  
2601 WELLS AVE. STE 181  
CASSELBERRY, FL 32730

**New Principal Place of Business:**

**Current Mailing Address:**

% KENNETH M. BEANE, ESQ.  
2601 WELLS AVE. STE 181  
CASSELBERRY, FL 32730

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEANE, KENNETH M ESQ  
2601 WELLS AVENUE  
SUITE 181  
CASSELBERRY, FL 32730 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LOCKHART, CLARITA V  
Address: SHIRLEY STREET & ELIZABETH AVENUE  
City-St-Zip: NASSAU N.P. BAHAMAS,

Title: AS  
Name: SCAVELLA, BETSHEBA  
Address: SHIRLEY STREET & ELIZABETH AVENUE  
City-St-Zip: NASSAU N.P. BAHAMAS,

I hereby 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 all other like empowered.

SIGNATURE: CLARITA V LOCKHART

DIR

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date