

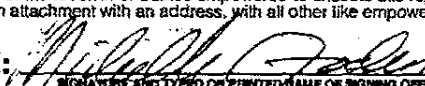


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # J83623 1. Entity Name INTRACOASTAL PROPERTY MANAGEMENT, INC.			
Principal Place of Business 1385 HIGHLAND AVE 1385 HIGHLAND AVE MELBOURNE, FL 32935 US		Mailing Address 1385 HIGHLAND AVE 1385 HIGHLAND AVE MELBOURNE, FL 32935 US	
DO NOT WRITE IN THIS SPACE		 04282004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-2865651		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FODEN, MICHELLE C. 1385 HIGHLAND AVE MELBOURNE, FL 32935		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000146922 05/03/04-80084-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONAGHY, JAMES 1385 HIGHLAND AVE MELBOURNE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FODEN, MICHELLE C. 1385 HIGHLAND AVE MELBOURNE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		Date April 29 2004 Daytime Phone # _____	