2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004
Secretary of State

DOCUMENT# L03982

Entity Name: COASTAL SCIENCE ASSOCIATES, INC.

Current Principal Place of Business:

328 N SECOND AVE
JACKSONVILLE, FL 32250 US

New Principal Place of Business:

440 OSCEOLA AVENUE
JACKSONVILLE, FL 32250 US

Current Mailing Address:

328 N SECOND AVE
JACKSONVILLE, FL 32250 US

New Mailing Address:

440 OSCEOLA AVENUE
JACKSONVILLE, FL 32250 US

FEI Number: 59-2954024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLOREY, STEPHEN
328 N. SECOND AVENUE
JACKSONVILLE BCH., FL 32250 US

Name and Address of New Registered Agent:

FLOREY, STEPHEN
440 OSCEOLA AVENUE
JACKSONVILLE BCH., FL 32250 US

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: 04/02/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO (X) Delete
Name: BACA, BART J.,
Address: 840 NATURES COVE RD.
City-St-Zip: DANIA, FL

Title: CEO (X) Delete
Name: BACA, PATRICIA A.,
Address: 840 NATURES COVE RD.
City-St-Zip: DANIA, FL

Title: P ( ) Delete
Name: FLOREY, STEPHEN
Address: 328 N. SECOND AVE.
City-St-Zip: JACKSONVILLE BEACH, FL

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:

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: STEPHEN R. FLOREY P 04/02/2004
Electronic Signature of Signing Officer or Director — Date