2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # N0000003396 1. Entity Name COASTAL STAGES, INC.					04-28-2006 90185 008 ****61.25			
Principal Place of Business 121 CENTRAL SQUARE SUITE B2 SEASIDE, FL 32459		Mailing Address P.O. BOX 4814 SEASIDE, FL 32459			1 1811 EL 20 88	- Pani atiik teni asii	1 89111 8118 9 11188 11178 (1178 1	initel Ol Lote
1 _ 5	Jace of Business Juincy Circle	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04272006 CI	ng-NP	CR2E037 (11/05)	
Seasion	le, FL	City & State			4. FEI Number 59-366420	4	 	oplied For ot Applicable
Zip 3245°	Country	Zip	Country		5. Certificate of St	atus Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	egistered Agent	
STEELE, JENNIFER 121 CENTRAL SQUARE SUITE B2 SEASIDE, FL 32459					(P.O. Box Number is Not Acceptable)			
	•		City	Seas	ide		FL Zip Cod	 59
8. The above the obligat	named entity submits this statement to ions of registered agent.	r the purpose of changing its	registered offic	e or register	ed agent, or both, in	the State of Flo		
SIGNATURE .	UEnnifer StE Signature, typed or printed name of registered agent		Registy ed Agent si	Sta gnature required	when reinstating)	4	1/27/04 DATE	
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees		ake check payable to ida Department of Si	
10.	OFFICERS AND DI		11.	 '	ADDITIONS/CHANGI	ES TO OFFICE	RS AND DIRECTORS IN	
TITLE NAME	HOOVER, ROBERT C	☐ Delete	TITLE NAME				™ Change	☐ Addition
STREET ADDRESS	121 CENTRAL SQUARE, SUITE	B2	STREET ADORE	ss 215	Quincy C	inde		
CITY-ST-ZIP	SEASIDE, FL 32459		CITY-ST-ZIP	Sec	side, FL	32459	•	
TITLE	СТ	☐ Delete	7174.7					
NAME	REINHARD, DON			CT			Change	☐ Addition
	•		NAME	SLI	CIS, STU A	RT		☐ Addition
STREET ADDRESS	3907 WEST MILLERS BRIDGE		NAME STREET ADDRE	SL1 SS 539	CIS, STUA 9 E. Co.Hw	14 30-A	Change	☐ Addition
CITY-ST-ZIP	3907 WEST MILLERS BRIDGE F TALLAHASSEE, FL 32312	ROAD	NAME STREET ADDRE CITY-ST-ZIP	SL1 SS 539	CIS, STU A	14 30-A	L YChange L 32459	_
	3907 WEST MILLERS BRIDGE		NAME STREET ADDRE	SL1 539 SAN	CIS, STUA 9 E. Co. Hw TA ROSA E	EACH, F	Tychange 1 32459 Tychange	Addition
CITY-ST-ZIP	3907 WEST MILLERS BRIDGE F TALLAHASSEE, FL 32312 STT	ROAD	NAME STREET ADORE CITY-ST-ZIP TITLE	SL1 539 SAN	CIS, STUA 9 E. Co. Hw TA ROSA E	EACH, F	Tychange 1 32459 Tychange	_
CITY-ST-ZIP TITLE NAME	3907 WEST MILLERS BRIDGE F TALLAHASSEE, FL 32312 STT POSEY, SCOTT	ROAD Delete	NAME STREET ADORE CITY-ST-ZIP TITLE NAME	SL1 539 SAN	CIS, STUA 9 E. Co. Hw TA ROSA E	EACH, F	Tychange 1 32459 Tychange	_
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3907 WEST MILLERS BRIDGE F TALLAHASSEE, FL 32312 STT POSEY, SCOTT 1828 N. HWY. 393	ROAD Delete	NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	SL1 539 SAN	CIS, STUA 9 E. Co.Hw	EACH, F	Tychange 1 32459 Tychange	_
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3907 WEST MILLERS BRIDGE F TALLAHASSEE, FL 32312 STT POSEY, SCOTT 1828 N. HWY. 393	ROAD Delete	NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	SL1 539 SAN V TR1 4281 5AN	CIS, STUA 9 E. Co. Hw TA ROSA E	EACH, F	☐ Change ☐ 32459 ☐ Change ☐ 32459	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3907 WEST MILLERS BRIDGE F TALLAHASSEE, FL 32312 STT POSEY, SCOTT 1828 N. HWY. 393	ROAD Delete	NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	SL1 539 SAN V TR1 4281 5AN	CIS, STUA 9 E. Co. Hw TA ROSA E	EACH, F	☐ Change ☐ 32459 ☐ Change ☐ 32459	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONTINUE CO	3907 WEST MILLERS BRIDGE F TALLAHASSEE, FL 32312 STT POSEY, SCOTT 1828 N. HWY. 393	Polete Delete Delete Delete Delete	NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP	SLI 539 SAN V TRI 4281 SAN SS	CIS, STUA 9 E. Co. Hw TA RDSA E CE, DALE E. CO. H DTA ROSA	EACH, F	Change 32459 Change Change	Addition Addition Addition

14. Thereby Certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/27/06

850. 231. 3209

Daytime Phone #