

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003396

Entity Name: COASTAL STAGES, INC.

FILED  
Aug 28, 2008  
Secretary of State

## Current Principal Place of Business:

215 QUINCY CIR  
SEASIDE, FL 32459

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 4814  
SEASIDE, FL 32459

## New Mailing Address:

FEI Number: 59-3664204      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

STEELE, JENNIFER  
215 QUINCY CIR  
SANTA ROSA BEACH, FL 32459      US

## Name and Address of New Registered Agent:

HOOVER, CRAIGE  
215 QUINCY CIR  
SANTA ROSA BEACH, FL 32459      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: ROBERT CRAIGE HOOVER

08/28/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: EDD      ( ) Delete  
Name: HOOVER, ROBERT C  
Address: 215 QUINCY CIR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: CT      ( ) Delete  
Name: TRICE, DALE  
Address: 4281 E. CO HWY 30-A  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STT      ( ) Delete  
Name: TRICE, DALE  
Address: 4281 E CO HWY 30-A  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STT      ( ) Delete  
Name: FROHSIN, KELLY  
Address: 215 QUINCY CIR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

## 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:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CRAIGE HOOVER

EDD

08/28/2008

Electronic Signature of Signing Officer or Director

Date