2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR)

DOCUMENT # N0000003702

1. Entity Name



FILED May 03, 2005 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE VCD NAME BAIN, ADDISON STREET ADDRESS		088 024 ****61.25	03-03-2003 90088		COALITON	SPACE COAST CLEAN CITIE	FLORIDA INC.
1679 CLEARWAKE PD COCOA Pt-32922-5703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 1679 Clear ake Rd (679 Clear ake Rd City & State City & State City & State City & State A. FEI Number Sp-3674104 Applied Not App Zip Country Zip Country 5. Certificate of Status Desired Not App Res Required 6. Name and Address of Current Registered Agent YOUNG, WILLIAM 3890 CATALINA STREET TITUSVILLE FL 32796 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 a the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 Due By September 8, 2004 Trust Fund Contribusion. Date Trust Fund Contribusion. Date Trust Fund Contribusion. Date Make Check Payable to Florida Department of State Title NOW: FEE IB 861.25 Due By September 8, 2004 Trust Fund Contribusion. Date Title NOW: FEE IB 861.25 Trust Fund Contribusion. Date Trust Fund Contribusion. Da					failing Address	of Business	Principal Plac
Suite, Apt. #, etc. 16 79 Clear lake Rd 1679 Clear	(881	ESIM SSIM POIZS IN 1991 WANT HENSE SI		RGY CENTER	679 CLĘAŔWAKĘ/RD	WAKE PID	1679 CLEA
Cliy & State					Mailing Address	ace of Business	2. Principal f
Zip Country Zip Country 59-3674104 Not App S. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNG, WILLIAM 3890 CATALINA STREET TITUSVILLE FL 32796 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Signature upon or printed agent any fee if applicable. (NOTE Registered Agent sgnature required when remaining) DATE FILE NOW: FEE 18 \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE CD Delete TITLE NAME STREET ADDRESS STREE		CR2E037 (4/04)	MOORE CI	e Rd	Suite, Apt. #, etc. 679 Clearlak	Clearlake Rd	استنسدها
5. Certificate of Status Desired Fee Required F		4 			City & State		City & Sta
YOUNG, WILLIAM 3890 CATALINA STREET TITUSVILLE FL 32796 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 a the obligations of registered agent. SIGNATURE FILE NOW: FEE I8 \$61.25 Due By September 8, 2004 Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME SCHOTT, PAUL SIRRET ADDRESS CITY-ST-ZIP TITUS VILLE FL 32782 TITUS VILLE FL 32782 TITUS VILLE FL 32782 TREET ADDRESS BAS SUNTREE WOODS DRIVE STREET ADDRESS	ıl		5. Certificate of Status Desired	Country	Zip	Country	Zip
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.		egistered Agent	7. Name and Address of New Regist		stered Agent	6. Name and Address of Current Re	
3890 CATALINA STREET TITUSVILLE FL 32796 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 a the obligations of registered agent. SIGNATURE Signature			Name		NIC SAMULIANA	VO	
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 a the obligations of registered agent. SIGNATURE Signature, typed or printed name of regulared agent anglated applicable. (NOTE: Registered Agent signature required whon reinstating) FILE NOW: FEE I8 \$61.25		P.O. Box Number is Not Acceptable)		Street Address (CATALINA STREET	389
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 a the obligations of registered agent. SIGNATURE Signature Sig	Indian River Ave		617 I		SVILLE FL 32/96	1111	
The obligations of registered agent. SIGNATURE Signature Sig		FL Zip Code				•	
SIGNATURE Signature. typed or printed name of regulared agent any first of applicable. (NOTE: Registered Agent signature required when reinstating) Store	accept	orida. I am familiar with, and	red agent, or both, in the State of Florida.	ered office or register	purpose of changing its regist	named entity submits this statement for th	8. The above
FILE NOW: FEE I8 \$61.25 Due By September 8, 2004 Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE CD SCHOTT, PAUL STREET ADDRESS CITY-ST-ZIP TITLE VCD TITLE NAME SIREET ADDRESS TITUSVILLE FL 32782 TITLE NAME SIREET ADDRESS STREET ADDRESS		2 2 4				ons of registered agent.	the obliga
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CITY-NE-7/P HYLLOUGINE FL 34340				Treet address Ity-SI-Zip		MELBOURNE FL 32940	STREET ADDRESS CITY-ST-ZIP
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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.

YouNG