

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Apr 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # N04000004938					
1. Entity Name COASTAL KIDS, INC.					
Principal Place of Business 14 CEDARVIEW CT PALM COAST FL 32137		Mailing Address 14 CEDARVIEW CT PALM COAST FL 32137			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1703182	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEVENSON, DANIELLE 14 CEDARVIEW CT PALM COAST FL 32137			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEVENSON, DANIELLE		NAME		
STREET ADDRESS	14 CEDARVIEW CT		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERG, SUZANNE		NAME		
STREET ADDRESS	333 TENTH AVE.		STREET ADDRESS		
CITY-ST-ZIP	KIRKLAND WA 98033		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	USHER, CHELSY		NAME		
STREET ADDRESS	2 MUDGETT AVE.		STREET ADDRESS		
CITY-ST-ZIP	MEREDITH NH 03253		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEVENSON, DAVID		NAME		
STREET ADDRESS	14 CEDARVIEW CT		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, PATRICIA		NAME		
STREET ADDRESS	8 ORGANUG ROAD		STREET ADDRESS		
CITY-ST-ZIP	YORK ME 03909		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORA, JOE		NAME		
STREET ADDRESS	38 OCEAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		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)(f), 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: <i>Danielle Stevenson</i>		SIGNATURE: <i>Danielle Stevenson</i>		Date: <i>4/4/05</i> (386) Daytime Phone #: <i>446-7752</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



1st MOORE CR2E037 (10/04)

Applied For
Not Applicable

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SIGNATURE: *Danielle Stevenson* SIGNATURE: *Danielle Stevenson* Date: *4/4/05* (386) Daytime Phone #: *446-7752*

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