



FOLD ALONG PERFORATIONS FOR EASY REMOVAL

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P00000002188 1. Entity Name COASTLINE CONSULTANTS, INC.			
Principal Place of Business 3837 NORTHDAL BLVD #295 TAMPA, FL 33624		Mailing Address 3837 NORTHDAL BLVD #295 TAMPA, FL 33624	
DO NOT WRITE IN THIS SPACE			
		03172005 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-3616440	
		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SAUNDERS, JOHN G 3837 NORTHDAL BLVD #295 TAMPA, FL 33624		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <u><i>John G. Saunders</i></u> DATE <u>4-1-05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, JOHN G 3837 NORTHDAL BLVD #295 TAMPA, FL 33624		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SAUNDERS, CYNTHIA A 3837 NORTHDAL BLVD., #295 TAMPA, FL 33624		
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TITLE NAME STREET ADDRESS 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 607, 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: <u><i>John G. Saunders</i></u> DATE <u>4-1-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			