

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000091195

1. Entity Name
INTERCOASTAL MARINE HOLDING CORPORATION



Principal Place of Business
248 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169 US

Mailing Address
248 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169 US



02032004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3673010
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILSON, JAY
248 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when renewing) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCHAAF, LUZ M
STREET ADDRESS 248 N. CAUSEWAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE S
NAME WILSON, JAY
STREET ADDRESS 248 N. CAUSEWAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE T
NAME LARSON, SUSAN L
STREET ADDRESS 248 N. CAUSEWAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JAY WILSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

Date

386-427-4514

Daytime Phone #