2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)					FILED Apr 30, 2004 8:00 am	
DOCUMENT # P01000098357 1. Entity Name					Apr 30, 2004 8:00 an Secretary of State	
STINSON	'S COASTAL SALES, INC.				04-30-2004 90298 040 ***150.00	
Principal Plac	e of Business	Mailing Address			-	
		1150 NICKI RIDGE COU KISSIMMEE FL 34747	RT		V	
2. Principal P 102 Sh Suite, Apt.	ace of Business adau Lake Drive	3. Mailing Address	_ate Dr	ire		
, City & State , City					4. FEI Number Applied For	
Longi	Country	Conguerod			59-3752452 Not Applicable	
3an	6. Name and Address of Current	Begistered Agent	<u>HZU</u>		5. Certificate of Status Desired 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent	
STINSON, DENNIS				Sti	inson. Dennis	
1150 NICKI RIDGE COURT KISSIMMEE FL 34747			Street A	Street Address (P.O. Box Number is Not Acceptable)		
			City /		$rac{1}{2}$	
8. The above	named entity submits this statement for	or the purpose of changing its re	egistered office or		red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	ions of registered agent. Denni 5 Signature. typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signati		4-27-04 - d when reinstating) DATE	
Afte	ILE NOW !!! FEE IS \$150.00 May 1, 2004 Fee will be \$550.00 Payable to Florida Department c	f State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10. TITLE	OFFICERS AND		11.	(7)	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	STINSON, DENNIS 1150 NICKI RIDGE COURT KISSIMMEE FL 34747	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	102	inson, Dennis Sradau Lake Drive	
TITLE NAME STREET ADDRESS	VS STINSON, TREASURE 1150 NICKI RIDGE COURT	Delete	TITLE NAME STREET ADDRESS	VS Stir 102	nson, Treasure	
CITY-ST-ZIP	KISSIMMEE FL 34747		CITY-ST-ZIP	Lon	ISWOOD FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	🗋 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
title Name		Delete	TITLE NAME	•••	Change Addition	
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS		Delete	Title Name Street address		Change Addition	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME STREET ADDRESS City-St-Zip		Delete	TITLE NAME STREET ADDRESS CITY_ST_7IP		🗋 Change 🛛 Addition	
12. I hereby of indicated of the cor	on this report or supplemental report (s true and accurate and that my owered to execute this report as	sionature shall h	ave the c	action 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if	
SIGNATURE: Dem Signature and typed or printed name of signing officer or Director Date Date Daytime Phone #						