

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90136 024 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P02000001304</b>                      |  |
| 1. Entity Name<br>INTERCOASTAL COMMUNICATIONS, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>PO BOX 10171<br>LARGO, FL 33773 | Mailing Address<br>PO BOX 10171<br>LARGO, FL 33773 |
|--|--|

000630777



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

08022005 Chg-P CR2E034 (10/03)

|   |  |                                       |
|---|--|---------------------------------------|
| 4. FEI Number<br>03-0383110                               |  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

HOLCK, GARY J –  
 1961 ARVIS CIRCLE E.  
 CLEARATER, FL 33764

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>VACMA, ROBERT<br>325 6TH AVE.<br>INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 listed empowered.

SIGNATURE: 

8/30/05 72544-8553  
 Date Daytime Phone #



ATTACHMENT

50065077

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 2, 2005

INTERCOASTAL COMMUNICATIONS, INC.  
PO BOX 10171  
LARGO, FL 33773

SUBJECT: INTERCOASTAL COMMUNICATIONS, INC.  
Ref. Number: P02000001304

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Due to the contents of your cover letter, we will waive the late fee or reinstatement fee for this filing. Please return your original letter along with the appropriate fees and completed annual report/reinstatement form to insure the waiver of these additional fees.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kristen Eckel  
Document Specialist

Letter Number: 605A00049773

ATTACHMENT

52065077

GARY J. HOLCK  
TAX CONSULTANT

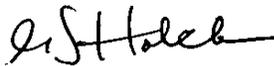
1961 Arvis Circle E  
Clearwater, FL  
33764  
Phone 727-507-9255  
Fax 727-538-5306

July/20/2005

TO WHOM IT MAY CONCERN,

I'M WRITING THIS LETTER ON BEHALF OF INTERCOASTAL COMMUNICATIONS INC.. THIS LETTER IS IN REFERENCE TO A NOTICE THEY RECEIVED RECENTLY. THEY APOLOGIZE FOR NOT FILING THE ANNUAL REPORT AND PAYING THE FEE. THEY NEVER RECEIVED THE INTIAL REPORT AND/OR NOTICE. ENCLOSED IS THE ANNUAL REPORT AND FEE. I HOPE THAT DUE TO THE FACT THAT THEY NEVER RECEIVED THE REPORT THERE WILL BE NO PENALTY. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT. THANK YOU VERY MUCH FOR YOUR COOPERATION.

SINCERELY YOURS,



GARY J HOLCK

INTERCOASTAL COMMUNICATIONS INC.  
PO BOX 10171  
LARGO FL 33773  
EIN#03-0383110  
PRESIDENT ROBERT VACHA