


# 2004.FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000088353</b>	
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<b>1. Entity Name</b> COASTAL MARINE OF WEST FLORIDA, INC.
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<b>Principal Place of Business</b> 1208 ESTREMADURA DR BRADENTON, FL 34209	<b>Mailing Address</b> 1208 ESTREMADURA DR BRADENTON, FL 34209
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<b>6. Name and Address of Current Registered Agent</b>  AMES, EUGENE H 1208 ESTREMADURA DR BRADENTON, FL 34209
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<b>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.</b>
SIGNATURE: _____ DATE: _____

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
<b>NAME</b> NAME STREET ADDRESS CITY STATE ZIP	<b>POSITION</b> P AMES, EUGENE H 1208 ESTREMADURA DR BRADENTON, FL 34209
<b>NAME</b> NAME STREET ADDRESS CITY STATE ZIP	<b>POSITION</b> S REINE, LINDA 1208 ESTREMADURA DR BRADENTON, FL 34209
<b>NAME</b> NAME STREET ADDRESS CITY STATE ZIP	
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<b>NAME</b> NAME STREET ADDRESS CITY STATE ZIP	
<b>NAME</b> NAME STREET ADDRESS CITY STATE ZIP	

<b>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.</b>
<b>SIGNATURE:</b> <u>Linda Beine</u> <u>Secretary</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>