

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000100216

1. Entity Name  
COASTAL MANAGEMENT PARTNERS, INC.



Principal Place of Business  
4595 LEXINGTON AVE  
JACKSONVILLE, FL 32210

Mailing Address  
4595 LEXINGTON AVE  
JACKSONVILLE, FL 32210



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number  
45-0501646

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WELLS, MARIE  
4595 LEXINGTON AVE  
JACKSONVILLE, FL 32210

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000944075  
05/29/08-80085-005 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME WELLS, MARIE  
STREET ADDRESS 4595 LEXINGTON AVE  
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE ST  
NAME MILNE, DJ  
STREET ADDRESS 4595 LEXINGTON AVE  
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE VP  
NAME MILNE, JOE  
STREET ADDRESS 4595 LEXINGTON AVE  
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

*Mari Wells* **MARIE WELLS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/08*  
Date

*904-387-6770*  
Daytime Phone #