# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2010**
**Secretary of State**

DOCUMENT# P02000100216

**Entity Name:** COASTAL MANAGEMENT PARTNERS, INC.

**Current Principal Place of Business:**

4595 LEXINGTON AVE
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4595 LEXINGTON AVE
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number: 45-0501646** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELLS, MARIE
4595 LEXINGTON AVE
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D
Name: WELLS, MARIE
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: ST
Name: MILINE, DJ
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP
Name: MILNE, JOE
Address: 4595 LEXINGTON AVE
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARIE WELLS D 04/29/2010

Electronic Signature of Signing Officer or Director Date