## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 23, 2008 8:00 am Secretary of State **DOCUMENT # P02000116854** 04-23-2008 90027 013 \*\*\*150 00 CENTRAL COAST INVESTMENTS, INC. Principal Place of Business Mailing Address ONE COLLANY ROAD ONE COLLANY ROAD TIERRA VERDE, FL 33715 TIERRA VERDE, FL 33715 04172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2076629 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARSENAULT, KENNETH G JR 🖔 DO NOT WRITE 10225 ULMERTON ROAD STE 2 LARGO, FL 33771 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MEDLEY, EDWARD ONE COLLANY ROAD STREET ADDRESS CITY-ST-ZIP TIERRA VERDE, FL 33715 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 trusted 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 apparaturess, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**