
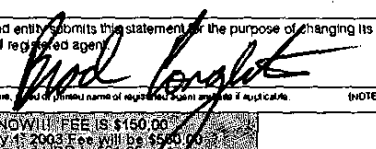
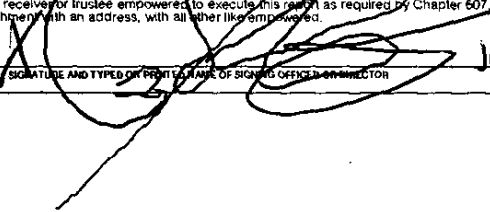


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SECRETARY OF STATE
TALLAHASSEE FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000122026			
1. Entity Name COASTAL DEVELOPMENT CORPORATION			
Principal Place of Business 166 ACACIA STREET SANTA ROSE BEACH, FL 32459		Mailing Address 166 ACACIA STREET SANTA ROSE BEACH, FL 32459	
2. Principal Place of Business 3711 W. County Highway 30A		3. Mailing Address 3711 W. Co. Highway 30A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Santa Rosa Beach FL		City & State Santa Rosa Beach FL	
Zip 32459		Zip 32459	
Country Walton		Country Walton	
4. FEE <input type="checkbox"/> CHECK HERE IF MAKING CHANGES		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARSOM, EVA 35008 EMERALD COAST PKWY 4TH DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Brad Congleton CPA Inc Street Address (P.O. Box Number is Not Acceptable) 50 Uptown Grayton Circle #15 City Santa Rosa Beach FL Zip Code 32459	
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 		DATE 8/27/03	
FILE NOW!!! FEE IS \$150.00 After May 15, 2003 fee will be \$500.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT JOHN BEEBE 3711 W. CO HIGHWAY 30A SANTA ROSA BEACH FL 32459		TITLE NAME STREET ADDRESS CITY-ST-ZIP 500023343035 09/25/03--01071--024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		DATE 8/27/03 850602-5615	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CH2504 (02)

7/9/29

Coastal Development Corporation

P.O. Box 2563
Santa Rosa Beach, FL 32459

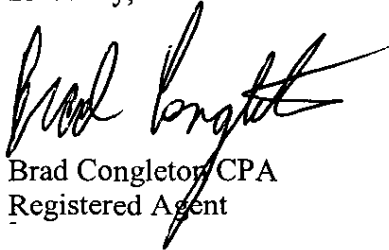
August 27, 2003

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed is the Uniform Business Reports for Coastal Development Corporation. I had to download the reports from the internet due to the fact that we never received the original mailing. It went to the wrong address. Please waive the \$400 late filing penalty for this reason. If you have any question, do not hesitate to call me at 850 231-0599. Thank you for your attention.

Sincerely,



Brad Congleton CPA
Registered Agent