## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P03000012672 1. Entity Name 04-12-2004 90325 014 \*\*\*150.00 BYERS & SELLERS COASTAL PROPERTIES, INC. Mailing Address Principal Place of Business 110 LOS BRISAS CIRCLE 110 LOS BRISAS CIRCLE **74U31234 HYPOLUXO FL 33462** HYPOLUXO FL 33462 3. Mailing Address 4 711 Principal Place of Business 34 65 S. 0000 Alm Beach 3348D Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) City & State City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BYERS, DENISE-M-Street Address (P.O. Box Nomber is Not Acceptable) 110 LOS BRISAS CIRCLE HYPOLUXO FL 93462 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 (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITLE ☐ Delete TITLE NAME BYERS, DENISE M MANAF S. Ocean Blitl # 711 STREET ADDRESS STREET ADDRESS 140-LOS BRISAS CIRCLE - He 33480 HYPOLUXO-FL-33462 CITY-ST-ZIP CITY-ST-ZIP VΡ ☐ Addition ☐ Delete TITLE TITLE NAME BYERS, RANDALL B NAME 1,10 LOS BRISAS CIRCLE STREET ADDRESS STREET ADDRESS HYPOLUXO FL 33462 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE SEC. Delete TITLE NAME NAME BYERS, DENISE M STREET ADDRESS STREET ADDRESS 110 LOS BRISAS CIRCLE CITY-ST-ZIP CITY-ST-ZIP HYPOLUXO-FL 33462 ☐ Addition TRF. TITLE ☐ Delete BYERS, RANDALL B NAME NAME STREET ADDRESS 110 LOS BRISAS CIRCLE STREET ADDRESS HYPOLUXO EL 33462 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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 eath; 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.

**FILED**