## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P03000018121  1. Entity Name INTRACOASTAL POINTE, INC.								05-02-2005 90394 025 ***150.00							
Principal Place	e of Business		Ma	iling Address		L									
851 SE JOHNSON AVE., STE 100 STUART, FL 34994				851 SE JOHNSON AVE., STE 100 STUART, FL 34994					14	0127	776				
2. Principal Place of Business			3. 1	Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04052005 Chg-P CR2E034 (10/03				·			
City & State			(	City & State			00 00 10 00					lied For Applicable			
Zip	ip Country			Zip Cour			5. Certificate of Status Desired \$8.75				\$8.75 Fee Req	5 Additional			
	6. Name	and Address of Curre	`			7. Name and	Address o	f New Ro	gistered	Agent					
DIODDAN	IAMES	7 ID				Name									
RIORDAN, 851 SE JO STUART, F		Street Address			P.O. Box Numbe	er is Not Ac	ceptable	)							
						City				•••••	Fl	Zip	Code		
	named entitions of regis	y submits this statement tered agent.	ed office or	register	ed agent, or bot	h, in the St	ate of Flo			with, a	nd accept				
SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Rogistated Agent sphature required when reinstating)  DATE															
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign File Trust Fund Contribution							<b>\$5.</b> Add	.00 May Be ed to Fees							
10.		11.			ADDITIONS/	CHANGES	TO OFFI	CERS AN			IN 11				
TITLE	D	TITL			P, S, T				XX Cha	•	☐ Addition				
NAME STREET ADDRESS CITY-ST-ZIP	RIORDAN, JAMES Q 851 SE JOHNSON AVE., STE 100 STUART, FL 34994					AC EET ADDRESS (-ST-ZIP	Rio 851	rdan, Ja SE John	mes Q Ison A	., Sr ve. S	te 10	00 St	uar	t FL34	994
TITLE				☐ Delete	Ti i	:	D,					☐ Cha		XXAddition	
NAME					YAL B	AE	Řio	rdan, Ja	mes O	Jr	٠.		-	747	
STREET ADDRESS CITY-ST-ZIP		***************************************			15	ELT ADDRESS Y-ST-ZIP		SE John				00 St	uar	t FL 3	1994
TITLE				Delete	III	ŀ					-	☐ Cha	nge	Addition	
NAME STREET ADDRESS					NAM STR	aē. Ifft address									
CITY-ST-ZIP					13	Y-ST-ZiP									
TITLE				☐ Delete	Tile	Ē						☐ Cha	nge	Addition	
NAME					NAM	1							_		
STREET ADDRESS					2	EET AODRESS									
CITY-ST-ZIP				r		Y-S1-Z:P				• • • • • • • • • • • • • • • • • • • •					
TITLE NAME				☐ Delete	TITU							☐ Cha	nge	Addition	
STREET ADDRESS					B.	EET AJORESS			•						
CITY-ST-ZIP					CIT	Y-ST-71P									
TITLE				☐ Delete	71							☐ Cha	nge	☐ Addition	
NAME STREET ADDRESS					1 12 1 1 1 2 1									į	
CITY-ST-ZIP					1,	+117774ESS V+51+ <u>7</u> 19									
L	certify that th	ne information supplied v	ith this f	ling does not qualify for			ed in Se	ection 119.07(3)	i), Florida S	Statutes	further co	ertify that	the inf	or mation	
indicated of the co changed	d on this repo rporation or Lor on an at	ne information supplied wort or supplied wort or supplemental report the roceiver or trustee entact ment with an across	t is true a powere s, with a	and accurate and that if to execute this report other like empowered	my signa i as eagu	sture shall ha iiren by Cha	ave the pter 60	same legal effect 7, Florida Statute	t as if mad es; and that	e under d t my name	ath; that e appears	am an of in Block	flicer of	r director Block 11 if	_

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

112-200 112

Daytime Phone #