


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90017 044 ***150.00

DOCUMENT # P03000031044 1. Entity Name FLORIDA COASTAL DEVELOPMENTS, INC.																																																																																																																																			
Principal Place of Business 20023 E. PENNSYLVANIA AVENUE DUNELLON, FL 34432			Mailing Address P O BOX 1854 DUNNELLON, FL 34430																																																																																																																																
2. Principal Place of Business - No P.O. Box # 11588 N CARIBEE PT		3. Mailing Address 11588 N CARIBEE PT																																																																																																																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																																	
City & State INGLIS FL		City & State INGLIS FL		4. FEI Number 35-2198482																																																																																																																															
Zip 34449		Country US		Applied For <input type="checkbox"/> Not Applicable																																																																																																																															
Zip 34449		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent WALTERS, RODNEY N 20023 E. PENNSYLVANIA AVENUE DUNNELLON, FL 34432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11588 N CARIBEE PT City INGLIS FL Zip Code 34449																																																																																																																																
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 <u>RODNEY N WALTERS</u> <u><i>[Signature]</i></u> <u>4/9/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">D P WALTERS, RODNEY N</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>20023 E. PENNSYLVANIA AVENUE</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DUNNELLON, FL 34432</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST D WALTERS, KAY S</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>11588 N CARIBEE PT</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>INGLIS, FL 34449</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D P WALTERS, RODNEY N	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	20023 E. PENNSYLVANIA AVENUE		NAME			STREET ADDRESS	DUNNELLON, FL 34432		STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	ST D WALTERS, KAY S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	11588 N CARIBEE PT		NAME			STREET ADDRESS	INGLIS, FL 34449		STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																
TITLE	D P WALTERS, RODNEY N	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME	20023 E. PENNSYLVANIA AVENUE		NAME																																																																																																																																
STREET ADDRESS	DUNNELLON, FL 34432		STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
TITLE	ST D WALTERS, KAY S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME	11588 N CARIBEE PT		NAME																																																																																																																																
STREET ADDRESS	INGLIS, FL 34449		STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
12. I hereby certify that the information supplied with this filing 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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/9/08</u> Daytime Phone # <u>352-447-0233</u>																																																																																																																																