2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2004 8:00 am Secretary of State

Plincipal Place of Business Mailling Address State Sta	DOCUMENT # P0300080989 1. Entity Name COASTAL DEVELOPMENT OF LEE COUNTY, INC.						02-23-2004	1 90038 003 ***1	50.00	
Suits, Apr. I., etc. Suits, Apr. I., etc. Suits Suits Apr. II, etc. City & State City & State Apr. II	1318 LAFAYETTE STREET 1318 LAFAYETTE STREET					54009648				
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City & State Ci	2. Principal Place of Business		3. Mailing Address							
Zip Country Zip Country S. Certificate of Status Centered \$3.75 Andritonal Fee Required Fee Require					01132004	Chg-P	CR2E034 (10/03)			
Secondary Seco	City & State		City & State		4. FEI Number	11623	Ap No			
Name STOCHUTT, DARRIN R ESO, 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904 City FL Zip Code	Zip	Country	Zip	Zip Coun			•	□ \$8.75 Add	itional	
SCHUTT DARRIN R ESO. 1015 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904 City FL Zip Code City		6. Name and Address of Current	Registered Agent		Nama	7. Name and A	ddress of New Ro	egistered Agent		
Sirce A Address (P.O. Box Number is Not Acceptable) City FL Zip Code	SCHUTT, DARRIN R ESO.									
8. The above named entity submits this statement for the purpose of changing lis registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Specials, yout o certain name of registered agent and the its solicable. (NOTE: Registered Agent sprakure required Agent Sprakure	1105 CAPE CORAL PARKWAY EAST				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Roida. Tarin familiar with, and accept the obligations of registered agent. SIGNATURE SPIRATURE Sprature, Yield or certed reame of registered agent are 1869 & subfacileb. (MCTE: Registered Agent sprature to agent, or both, in the State of Roida. Tarin familiar with, and accept the obligations of registered agent. FILE NOWNIT: FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SURET ADDRESS CITY-ST-2PP UN QUARTED CHANGE	CAPE CORAL, FL 33904					•• ••	·			
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TITLE MAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP	Signature, typed or crinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9- Election Campaign Financing\$5:00 May Be									
TITLE NAME STREET ADDRESS CITY-ST-ZPP	10.	OFFICERS AND	DIRECTORS	-11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTORS	5 IN 11	
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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)(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 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:

GNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/18/04 239.542.0184