


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90058 045 \*\*\*150.00

**DOCUMENT # P03000097788**

1. Entity Name  
**CITY & COAST PUBLISHING, INC.**



Principal Place of Business  
**576 BLACKFIN COURT JACKSONVILLE FL 32225**

Mailing Address  
**576 BLACKFIN COURT JACKSONVILLE FL 32225**

*change address*

2. Principal Place of Business  
**12 1/2 South Wilderness Trail**

3. Mailing Address  
**12 1/2 So. Wilderness Trail**

City & State  
**PONTE VEDRA BEACH, FL 32082**

City & State  
**PONTE VEDRA FL 32082**



MOORE CR2E034 (11/03)

4. FEI Number  
**26-0078841**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HARBOUR, KIPi M  
 576 BLACKFIN COURT  
 JACKSONVILLE FL 32225**

*change address*

7. Name and Address of New Registered Agent

Name: **KIPi MARTIN HARBOUR**

Street Address (P.O. Box Number is Not Acceptable)  
**12 1/2 South Wilderness Trail**

City **PONTE VEDRA BEACH FL 32082**

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 **KIPi MARTIN HARBOUR (Kipi Martin Harbour)** DATE **1-31-04**

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2004 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HARBOUR, KIPi M 576 BLACKFIN COURT JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> OK <input type="checkbox"/> (16)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHIN, SUKI 576 BLACKFIN COURT JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONNOR, PATTI 576 BLACKFIN COURT JACKSONVILLE FL 32225	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/CEO KIPi MARTIN HARBOUR 12 1/2 South Wilderness Trail Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **KIPi MARTIN HARBOUR (Kipi Martin Harbour)** (904) 273-2174  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR