

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90030 027 \*\*\*150.00

**DOCUMENT # P03000121017**

1. Entity Name  
**COAST2COAST COMPUTING, INC.**



Principal Place of Business  
**810 B PEARL ST  
KEY WEST, FL 33040**

Mailing Address  
**810 B PEARL ST  
KEY WEST, FL 33040**

**J4UD1074**



2. Principal Place of Business  
**624-A FLEMING ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**624-A FLEMING ST**  
Suite, Apt. #, etc.

07082004 Chg-P CR2E034 (10/03)

City & State  
**KEY WEST, FL**

City & State  
**KEY WEST, FL**

4. FEI Number  
**20-0337750**

Applied For  
Not Applicable

Zip  
**33040**

Country  
**USA**

Zip  
**33040**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**MEYERSONN, CHIP  
810 B PEARL ST  
KEY WEST, FL 33040**

7. Name and Address of New Registered Agent

Name **CHIP MEYERSONN**  
Street Address (P.O. Box Number is Not Acceptable)  
**624-A FLEMING ST**  
City **KEY WEST** FL Zip Code **33040**

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)

DATE **07/08/2004**

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **MEYERSONN, CHIP**  
STREET ADDRESS **810 B PEARL ST**  
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **MEYERSONN, CHIP**  
STREET ADDRESS **624-A FLEMING ST**  
CITY-ST-ZIP **KEY WEST, FL, 33040**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **HENRY STAFFORD**  
STREET ADDRESS **17124 CORAL DR.**  
CITY-ST-ZIP **SUGARLOAF KEY, FL, 33042**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **07/08/04** 305.240.1257  
Daytime Phone #

Attachment

Hello -

#P03000121017

54061874

Sorry - we didn't get the report  
when our address changed.

This is our first year  
incorporated and we did  
not know.

Thanks,

Chip Meyer