



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90033 017 ***150.00

DOCUMENT # P03000148704						
1. Entity Name COSTA FAMILY INVESTMENTS, INC.						
Principal Place of Business 1332 WINDWARD CIRCLE NICEVILLE, FL 32578			Mailing Address PO BOX 5236 NICEVILLE, FL 32578			
2. Principal Place of Business 4400 HWY 20 East		3. Mailing Address				
Suite, Apt. #, etc. Suite 206		Suite, Apt. #, etc.		03152005 Chg-P CR2E034 (10/03)		
City & State Niceville FL		City & State		4. FEI Number 56-2420612		
Zip 32578		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent COSTA, DAVID MANUEL 1332 WINDWARD CIRCLE NICEVILLE, FL 32578			7. Name and Address of New Registered Agent			
Name			Street Address (P.O. Box Number is Not Acceptable) 4400 HWY 20 East			
Suite 206			City Niceville			
FL			Zip Code 32578			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>						
DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD	NAME COSTA, DAVID MANUEL		<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1332 WINDWARD CIRCLE	NICEVILLE, FL 32578			NAME 4400 HWY 20 East Suite 206	Niceville FL 32578	
CITY-ST-ZIP NICEVILLE, FL 32578				STREET ADDRESS 4400 HWY 20 East Suite 206	Niceville FL 32578	
TITLE VD	NAME COSTA, DAVID MICHAEL		<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1332 WINDWARD CIRCLE	NICEVILLE, FL 32578			NAME 4400 HWY 20 East Suite 206	Niceville FL 32578	
CITY-ST-ZIP NICEVILLE, FL 32578				STREET ADDRESS 4400 HWY 20 East Suite 206	Niceville FL 32578	
TITLE STD	NAME COSTA, HELEN		<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1332 WINDWARD CIRCLE	NICEVILLE, FL 32578			NAME 4400 HWY 20 East Suite 206	Niceville FL 32578	
CITY-ST-ZIP NICEVILLE, FL 32578				STREET ADDRESS 4400 HWY 20 East Suite 206	Niceville FL 32578	
TITLE 	NAME		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				NAME		
CITY-ST-ZIP				STREET ADDRESS		
TITLE 	NAME		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				NAME		
CITY-ST-ZIP				STREET ADDRESS		
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: <i>David M. Costa</i>				3/15/05 880-897-3169		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		