


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-23-2004 90022 027 ***150.00

DOCUMENT # P03000157833 1. Entity Name COAST LINE INSURANCE, INC.																																	
Principal Place of Business 8215 SR 54 NEW PORT RICHEY, FL 34655		Mailing Address 8215 SR 54 NEW PORT RICHEY, FL 34655																															
2. Principal Place of Business 8215 SR 54 Suite, Apt. #, etc.		3. Mailing Address 8215 SR 54 Suite, Apt. #, etc.																															
City & State NEW PORT RICHEY FL Zip 34655 Country USA		City & State NEW PORT RICHEY, FL Zip 34655 Country																															
4. FEI Number 200506898		Applied For <input checked="" type="checkbox"/> Not Applicable																															
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent ARDALANI, DJAMILEH 3203 LANDMARK DR, # 2205 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name ROBERT CRAWFORD Street Address (P.O. Box Number is Not Acceptable) 8215 SR 54 City NEW PORT RICHEY FL Zip Code 34655																															
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 <i>Robert Crawford</i> ROBERT CRAWFORD DIRECTOR 1/18/04 <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, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> DIRECTOR ARDALANI, DJAMILEH 3203 LANDMARK DR, # 2205 CLEARWATER, FL 33761 </td> <td style="width:10%; text-align: right;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ARDALANI, DJAMILEH 3203 LANDMARK DR, # 2205 CLEARWATER, FL 33761	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> DIRECTOR - (D) ROBERT CRAWFORD 8215 SR 54 NEWPORT RICHEY FL 34655 </td> <td style="width:10%; text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> DIRECTOR - (D) KATHY SUFFARELLI 8215 SR 54 NEWPORT RICHEY FL 34655 </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> DIRECTOR - (D) FRED ARDALANI 8215 SR 54 NEWPORT RICHEY FL 34655 </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - (D) ROBERT CRAWFORD 8215 SR 54 NEWPORT RICHEY FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - (D) KATHY SUFFARELLI 8215 SR 54 NEWPORT RICHEY FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - (D) FRED ARDALANI 8215 SR 54 NEWPORT RICHEY FL 34655	<input type="checkbox"/> Change <input checked="" 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
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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: <i>Robert Crawford</i> ROBERT CRAWFORD - DIRECTOR 1/18/04 727-375-7735 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	