


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90004 038 ***150.00

DOCUMENT # P03000158069 1. Entity Name COAST TO COAST COMMUNICATIONS, INC.					
Principal Place of Business 1024 FRANKLIN AVE. ELLENTON, FL 34222			Mailing Address 1024 FRANKLIN AVE. ELLENTON, FL 34222		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0708804	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, TAMARA V 1024 FRANKLIN AVE. ELLENTON, FL 34222				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, TAMARA V 1024 FRANKLIN AVE. ELLENTON, FL 34222 <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <i>Tamara Williams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>7-5-04</i> <small>Date</small>		<i>911-708-3500</i> <small>Daytime Phone #</small>

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07012004 Chg-P CR2E034 (10/03)

911-708-3500

Attachment

54 060 863

~~#~~ PO 3000 15 8069

Division of Corporations
P. O. BOX 1500
Tallahassee, Florida 32302-1500

Re: FEI Number 02-0708804

Gentlemen:

I just received a "Notice of Intent To Dissolve" notice regarding the non-filing of an Annual Report. We were incorporated in January 2004, and we were not aware of this form that needed to be filed. We received no notice in the mail. I understand now that the fee is \$150.00 if paid before May 1st, but \$500.00 if paid after May 1st. Since we did not know about this report until now, would you please accept the \$150.00 filing fee, instead of the \$500.00. I am enclosing the \$150.00 and hope this will meet with your approval. Now that we know about this fee, we will be timely hereafter.

Respectfully,

COAST TO COAST COMMUNICATIONS, INC.



Tamara V. Williams

Encl.