

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000015675

Entity Name: INTERCOASTAL FLORIDA SERVICE, INC.

FILED  
Sep 06, 2005  
Secretary of State

**Current Principal Place of Business:**

508 PARKDALE MEWS  
VENICE, FL 34285

**New Principal Place of Business:**

243 HILLVIEW ROAD  
VENICE, FL 34293

**Current Mailing Address:**

508 PARKDALE MEWS  
VENICE, FL 34285

**New Mailing Address:**

243 HILLVIEW ROAD  
VENICE, FL 34293

FEI Number: 20-0666830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MUNOZ, SANDRO G  
508 PARKDALE MEWS  
VENICE, FL 34285 US

**Name and Address of New Registered Agent:**

MUNOZ, SANDRO G  
243 HILLVIEW ROAD  
VENICE, FL 34293 US

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.

SIGNATURE:

09/06/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MUNOZ, SANDRO G  
Address: 508 PARKDALE MEWS  
City-St-Zip: VENICE, FL 34285

Title: STD ( ) Delete  
Name: CARLINI, JACQUELINE B  
Address: 508 PARKDALE MEWS  
City-St-Zip: VENICE, FL 34285

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MUNOZ, SANDRO G  
Address: 243 HILLVIEW ROAD  
City-St-Zip: VENICE, FL 34293

Title: STD (X) Change ( ) Addition  
Name: CARLINI, JACQUELINE B  
Address: 243 HILLVIEW ROAD  
City-St-Zip: VENICE, FL 34293

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE CARLINI MUNOZ

SECR

09/06/2005

Electronic Signature of Signing Officer or Director

Date