

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90159 046 ***150.00

DOCUMENT # P04000032431

1. Entity Name
COASTAL LIFESTYLES PREMIER, INC.



Principal Place of Business
**1710 LORALIN DRIVE
ENGLEWOOD, FL 34223 US**

Mailing Address
**1710 LORALIN DRIVE
ENGLEWOOD, FL 34223 US**

50024455



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0758757

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KOLB, MICHAEL J
1710 LORALIN DRIVE
ENGLEWOOD, FL 34223
7217 Deegan St.
34224

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D,P** ☐ Delete
NAME **KOLB, MICHAEL J**
STREET ADDRESS **1710 LORALIN DRIVE**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **D,VP** ☐ Delete
NAME **KOLB, CHRISTINE**
STREET ADDRESS **1710 LORALIN DRIVE**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Christine Kolb** **Christine Kolb** **3/8/05 (941) 473-9501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #