

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90034 014 ***150.00

DOCUMENT # P05000042858					
1. Entity Name SOUTH COAST DEVELOPMENT, INC.					
Principal Place of Business 4186 GULF BREEZE PARKWAY GULF BREEZE, FL 32563			Mailing Address 4186 GULF BREEZE PARKWAY GULF BREEZE, FL 32563		
2. Principal Place of Business - No P.O. Box # 6057 GULF BREEZE PARKWAY Suite, Apt. #, etc.		3. Mailing Address 6057 GULF BREEZE PARKWAY Suite, Apt. #, etc.			
City & State GULF BREEZE, FL. Zip: 32563 Country: SANTA ROSA		City & State GULF BREEZE, FL. Zip: 32563 Country: SANTA ROSA		4. FEI Number 59-2259742	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent SMITH, STANLEY A 4186 GULF BREEZE PARKWAY GULF BREEZE, FL 32563			7. Name and Address of New Registered Agent Name: STANLEY A. SMITH Street Address (P.O. Box Number is Not Acceptable): 7378 GULF BLVD. City: NAVARRE FL Zip Code: 32566		
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 \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P/D NAME: SMITH, STANLEY A STREET ADDRESS: 4186 GULF BREEZE PARKWAY CITY-ST-ZIP: GULF BREEZE, FL 32563	<input type="checkbox"/> Delete		TITLE: P/D NAME: STANLEY A. SMITH STREET ADDRESS: 7378 GULF BLVD. CITY-ST-ZIP: NAVARRE, FL. 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP/D NAME: ROBINSON, KENNETH D STREET ADDRESS: 4186 GULF BREEZE PARKWAY CITY-ST-ZIP: GULF BREEZE, FL 32563	<input type="checkbox"/> Delete		TITLE: VP/D NAME: KENNETH D. ROBINSON STREET ADDRESS: 6057 GULF BREEZE PARKWAY CITY-ST-ZIP: GULF BREEZE, FL. 32563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S/D NAME: ISAACSON, ALAN R STREET ADDRESS: 4186 GULF BREEZE PARKWAY CITY-ST-ZIP: GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Tennett Robinson</i>			3-13-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 350-934-5432 Daytime Phone #		