


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90021 049 \*\*\*150.00

<b>DOCUMENT # P05000042858</b>	
1. Entity Name <b>SOUTH COAST DEVELOPMENT, INC.</b>	

Principal Place of Business <b>6057 GULF BREEZE PKWY. GULF BREEZE, FL 32563</b>	Mailing Address <b>6057 GULF BREEZE PKWY. GULF BREEZE, FL 32563</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

400617



01042008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
SMITH, STANLEY A 7378 GULF BLVD. NAVARRE, FL 32566	

7. Name and Address of New Registered Agent	
Name	KENNETH D ROBINSON
Street Address (P.O. Box Number is Not Acceptable)	
6057 GULF BREEZE PKWY	
City	GULF BREEZE FL Zip Code 32563

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	Kenneth Robinson KENNETH ROBINSON 2-13-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, STANLEY A	NAME	
STREET ADDRESS	7378 GULF BLVD.	STREET ADDRESS	
CITY-ST-ZIP	NAVARRE, FL 32566	CITY-ST-ZIP	
TITLE	VP/D <input type="checkbox"/> Delete	TITLE	P/D & VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, KENNETH D	NAME	
STREET ADDRESS	6057 GULF BREEZE PKWY.	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL 32563	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Kenneth Robinson KENNETH ROBINSON 2-13-08	850 934-5432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	