

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000104249

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** COASTLINE BOATLIFTS, INC.

**Current Principal Place of Business:**

590 N SONORA CIR  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 33843  
INDIALANTIC, FL 32903

**New Mailing Address:**

**FEI Number:** 20-3074226

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOSEKE, DOUGLAS R VP  
590 N SONORA CIR  
INDIALANTIC, FL 32903 US

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

LOSEKE, DOUGLAS R VP  
3970 MAIN ST  
MICCO, FL 32976 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:** DOUGLAS R LOSEKE

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LOSEKE, COLLEEN K  
**Address:** 3970 MAIN ST  
**City-St-Zip:** MICCO, FL 32976

**Title:** VP  
**Name:** LOSEKE, DOUGLAS R  
**Address:** 3970 MAIN ST  
**City-St-Zip:** MICCO, FL 32976

I hereby 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 all other like empowered.

**SIGNATURE:** COLLEEN K LOSEKE

ST

04/28/2011

Electronic Signature of Signing Officer or Director

Date