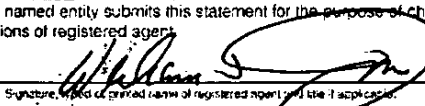
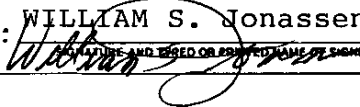


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 18, 2008 8:00 am
Secretary of State

03-05-2008 90032 031 ***150.00

DOCUMENT # P06000128769			
1. Entity Name COASTAL ISLANDS, INC.			
Principal Place of Business 604 DRUID ROAD EAST CLEARWATER FL 33756		Mailing Address 604 DRUID ROAD EAST CLEARWATER FL 33756	
2. Principal Place of Business - No P.O. Box # 1446 Court St.		3. Mailing Address 1446 Court St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clearwater, Fl		City & State Clearwater, Fl	
Zip 33756	Country USA	Zip 33756	Country USA
4. FEI Number 20-5814168		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONASSEN, WILLIAM S 604 DRUID ROAD EAST CLEARWATER FL 33756		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1446 Court Street 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 		DATE 2-6-08	
NOTE: Registered Agent signature required when registering.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P JONASSEN, WILLIAM S 604 DRUID ROAD EAST CLEARWATER FL 33756 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P 1446 Court Street ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: WILLIAM S. Jonassen		President	
		4/15/08	
I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.		727 446-7116	