


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90034 041 ***163.75

DOCUMENT # P06000133011	
1. Entity Name THE COASTAL JOE COMPANY, INC.	

Principal Place of Business 8048 CAPE SAN BLAS ROAD CAPE SAN BLAS, FL 32456 US	Mailing Address P.O. BOX 755 PORT ST JOE, FL 32457 US
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2. Principal Place of Business - No P.O. Box # 4288 Cape San Blas Road	3. Mailing Address 4288 Cape San Blas Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Cape San Blas, FL	City & State Cape San Blas, FL
Zip 32456	Country US

4010400



05012007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent BURKETT, BRIAN K 3016 GARRISON AVENUE PORT ST JOE, FL 32456		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Trust Fund Contribution. <input checked="" 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 NAME STREET ADDRESS CITY-ST-ZIP	P BURKETT, BRIAN K 3016 GARRISON AVENUE PORT ST JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURKETT, SCOTT E 202 SEAGRASS CIRCLE CAPE SAN BLAS, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RUSS, PRESTON J 202 SEAGRASS CIRCLE CAPE SAN BLAS, FL 32456 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BURKETT, MEGAN E 3016 GARRISON AVENUE PORT ST JOE, FL 32456 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE BURKETT, BRIAN K 3016 GARRISON AVENUE PORT ST JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: BRIAN K BURKETT **BRIAN K BURKETT** **04/30/2007** **(850) 227-7775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #