

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000133011

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** THE COASTAL JOE COMPANY, INC.

**Current Principal Place of Business:**

4288 CAPE SAN BLAS ROAD  
CAPE SAN BLAS, FL 32456 US

**New Principal Place of Business:**

**Current Mailing Address:**

4288 CAPE SAN BLAS ROAD  
CAPE SAN BLAS, FL 32456 US

**New Mailing Address:**

**FEI Number:** 20-5729263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURKETT, BRIAN K  
3016 GARRISON AVENUE  
PORT ST JOE, FL 32456 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BURKETT, BRIAN K  
Address: 3016 GARRISON AVENUE  
City-St-Zip: PORT ST JOE, FL 32456 US

Title: VP  
Name: BURKETT, SCOTT E  
Address: 222 SANDALWOOD BOULEVARD  
City-St-Zip: CAPE SAN BLAS, FL 32456 US

Title: S  
Name: BURKETT, MEGAN E  
Address: 3016 GARRISON AVENUE  
City-St-Zip: PORT SAINT JOE, FL 32456 US

Title: TRE  
Name: BURKETT, BRIAN K  
Address: 3016 GARRISON AVENUE  
City-St-Zip: PORT ST JOE, FL 32456 US

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: BRIAN K. BURKETT

P

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date