

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90010 023 \*\*\*150.00

<b>DOCUMENT # P07000043541</b>					
<b>1. Entity Name</b> ELKO COASTAL CONSULTING, INC.					
<b>Principal Place of Business</b> 14061 MARGUERITE DR. MADEIRA BEACH, FL 33708 US			<b>Mailing Address</b> 14061 MARGUERITE DR. MADEIRA BEACH, FL 33708 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <span style="font-size: 1.2em;">208806787</span>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ELKO, NICOLE A 14061 MARGUERITE DR. MADEIRA BEACH, FL 33708			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ <b>FL</b> Zip Code: _____		
<b>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.</b>					
<b>SIGNATURE:</b> _____ (NOTE: Registered Agent signature required when reappointing)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>					
<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> ELKO, NICOLE A 14061 MARGUERITE DR. MADEIRA BEACH, FL 33708		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P/T/S</b> Nicole A Elko 14061 Marguerite Dr. Madeira Beach, FL 33708	
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
[Delete]			[Change] [Addition]		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Nicole A Elko</i>			2/13/08 727-439-4774		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		