# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 23, 2010**
**Secretary of State**

DOCUMENT# P09000042818

**Entity Name:** COASTAL VISIONS, INC.

**Current Principal Place of Business:**

401 DRIFTWOOD AVENUE
MELBOURNE BEACH, FL 32951 US

**New Principal Place of Business:**

**Current Mailing Address:**

401 DRIFTWOOD AVENUE
MELBOURNE BEACH, FL 32951 US

**New Mailing Address:**

P.O. BOX 510517
MELBOURNE BEACH, FL 32951 US

**FEI Number: 27-0169647** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

PARKER, KELLY S MRS.
211 ASH AVENUE
MELBOURNE BEACH, FL 32951 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P,T
Name: BOHBOT, MARY L MRS.
Address: 401 DRIFTWOOD AVENUE
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: VP,S
Name: PARKER, KELLY S MRS.
Address: P.O. BOX 510431
City-St-Zip: MELBOURNE BEACH, FL 32951 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: MARY L. BOHBOT P,T 03/23/2010

Electronic Signature of Signing Officer or Director Date