

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000001357**

1. Entity Name  
**RIGHT COAST MEDIA, INC.**



Principal Place of Business  
**321 OCEAN AVE #7  
MELBOURNE BEACH, FL 32951 US**

Mailing Address  
**P.O. BOX 33575  
INDIALANTIC, FL 32903 US**



03092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3107060</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MITCHELL, BRUCE A  
1825 S. RIVERVIEW DRIVE  
MELBOURNE, FL 32901**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DUGAN, THOMAS R
STREET ADDRESS	2035 DATE PALM
CITY-ST-ZIP	INDIALANTIC, FL 32903

TITLE	ST
NAME	MESEROLL, RICHARD P JR
STREET ADDRESS	212 FIR AVE.
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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400000262282  
03/14/05-80048-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Thomas R. Dugan* **THOMAS R. DUGAN 3-10-05 321-729-6121**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #