

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90009 029 \*\*\*150.00

**DOCUMENT # P93000071093**

1. Entity Name  
**COASTLINE PROPERTY MANAGEMENT, INC.**



Principal Place of Business  
**1500 PENMAN RD  
NEPTUNE BEACH, FL 32266**

Mailing Address  
**PO BOX 51247  
JACKSONVILLE BEACH, FL 32240**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**59-3203555**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**KEASLER, FRANK R JR.  
4309 PABLO OAKS CT  
#200  
JACKSONVILLE, FL 32224**

## 7. Name and Address of New Registered Agent

Name **KEASLER, FRANK R JR**  
Street Address (P.O. Box Number is Not Acceptable) **10409 CENTURION PARKWAY N**  
**SUITE 112**  
City **JACKSONVILLE** FL Zip Code **32256**

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete  
NAME **COLE, KATHLEEN**  
STREET ADDRESS **1500 PENMAN ROAD**  
CITY-ST-ZIP **NEPTUNE BEACH, FL 32266**

TITLE **VP** ☐ Delete  
NAME **CRIPPS, ROBERT**  
STREET ADDRESS **3545 COASTAL HIGHWAY**  
CITY-ST-ZIP **VICANO, FL 32095**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition  
NAME **CRIPPS, ROBERT**  
STREET ADDRESS **1820 SEVILLA BLVD # 305**  
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Kathleen S. Cole**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/06** **904 247-5264**  
Date Daytime Phone #