

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3203555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEASLER, FRANK R JR.
10407 CENTURION PKWY N
STE 112
JACKSONVILLE, FL 32256

**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, 2008 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
NAME	COLE, KATHLEEN
STREET ADDRESS	1500 PENMAN ROAD
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266

TITLE	VP
NAME	CRIPPS, ROBERT
STREET ADDRESS	1820 SEVILLA BLVD 305
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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NAME	
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CITY-ST-ZIP	

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03/05/08-80006-013-150.00

**DO NOT WRITE
IN THIS SPACE**

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 KATHLEEN S. COLE

Date

2/21/08 904 247-5264

Daytime Phone #