

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000075652

FILED  
Mar 08, 2004  
Secretary of State

Entity Name: COASTAL HEALTH-AGE BEVERAGES, INC.

## Current Principal Place of Business:

PO BOX 50443  
LIGHTHOUSE POINT, FL 33074 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 50443  
LIGHTHOUSE POINT, FL 33074 US

## New Mailing Address:

FEI Number: 65-0445904      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YOUNG, KENNETH S  
3100 N OCEAN BLVD  
#2401  
FORT LAUDERDALE, FL 33308 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: PD ( ) Delete  
Name: YOUNG, KENNETH S  
Address: PO BOX 50443  
City-St-Zip: LIGHTHOUSE POINT, FL 33074 US

Title: TD ( ) Delete  
Name: MURRAY, DONALD E  
Address: 2884 NW 121 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: SD ( ) Delete  
Name: CASSAW, LARRY R  
Address: 2791 CARRIE DRIVE  
City-St-Zip: KENNESAW, GA 30144

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KENNETH S. YOUNG

PD

03/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date