


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P95000009912 1. Entity Name COAST TO COAST ASSOCIATES, INC. |  |
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|---|---|
| Principal Place of Business 3875 19TH AVE N SAINT PETERSBURG, FL 33713 US | Mailing Address 3875 19TH AVE N SAINT PETERSBURG, FL 33713 US |
|---|---|



03292004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3294862 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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| 6. Name and Address of Current Registered Agent FRATONE, MICHAEL D 3875 19TH AVE N SAINT PETERSBURG, FL 33713 |
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

000000141936
04/30/04-80032-009 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FRATONE, MICHAEL D 3875 19TH AVE N SAINT PETERSBURG, FL 33713 |
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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: *Michael Fratone* **President** *Michael Fratone* **4-19-04** **727-322-2450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #