


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90054 044 ***150.00

DOCUMENT # P95000097192	
1. Entity Name COASTAL LAND INVESTMENT CORPORATION	

Principal Place of Business 11101 ROOSEVELT BLVD. N. 4TH FLOOR, LEGAL DEPT. ST. PETERSBURG, FL 33716	Mailing Address 11101 ROOSEVELT BLVD. N. 4TH FLOOR, LEGAL DEPT. ST. PETERSBURG, FL 33716
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01182008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3354331	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
HAIRE, NANCY C 11101 ROOSEVELT BLVD. N. 4TH FLOOR, LEGAL DEPT. ST. PETERSBURG, FL 33716	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 is applicable. (NOTE: Registered Agent signature required w/ or w/o reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MEEHAN, DAVID K
STREET ADDRESS	360 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	AS <input type="checkbox"/> Delete
NAME	HAIRE, NANCY C
STREET ADDRESS	360 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	DT <input type="checkbox"/> Delete
NAME	HUSSEMAN, EDWIN C
STREET ADDRESS	360 CENTRAL AVE.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	DP <input type="checkbox"/> Delete
NAME	MENKE, ROBERT M
STREET ADDRESS	360 CENTRAL AVE.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11101 Roosevelt Blvd. N.
CITY-ST-ZIP	St. Petersburg, Florida 33716
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11101 Roosevelt Blvd. N.
CITY-ST-ZIP	St. Petersburg, Florida 33716
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11101 Roosevelt Blvd. N.
CITY-ST-ZIP	St. Petersburg, Florida 33716
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S Hoffman, Gregory L
STREET ADDRESS	11101 Roosevelt Blvd. N.
CITY-ST-ZIP	St. Petersburg, Florida 33716
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AVP Winkler, Mark E
STREET ADDRESS	11101 Roosevelt Blvd. N.
CITY-ST-ZIP	St. Petersburg, Florida 33716

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: 	Nancy C. Haire, Asst. Secretary 2/8/2008 727-823-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #