2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90339 048 ***150.00

DOCUMENT # P96000067574

1. Entity Name
COASTAL TELE-COM OF WEST FLORIDA, INC.

Principal Place of Business	Mailing Address
1810 MARINER DR APT 204 TARPON SPRINGS, FL 34689 US	1000 DEREK LN OLDSMAR, FL 34677 US

2. Principal Place of Business	3. Mailing Address
2435 US 19	1810 MARINER DR
Suite, Apt. #, etc. #280	Suite, Apt. #, etc. # 204
City & State HOLIDAY, FL	City & State TARPON SPRINGS, FL
Zip 34691 Country PASCO	Zip 34689 Country PINELLAS

04052004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3402057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDONALD, R. A. 1810 MARINER DR. TARPON SPRINGS, FL 34689	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 ROBERT A McDONALD PRESIDENT 4-5-04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDONALD, ROBERT A 1810 MARINER DR APT 204 TARPON SPRINGS, FL 34689 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVE, WILLIAM R 1322 BELCHER DR TARPON SPRINGS, FL 34689 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ROBERT A McDONALD 4-5-04 727-515-3732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #