

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90249 046 \*\*\*150.00

**DOCUMENT # P97000066901**

1. Entity Name

COASTAL WATERPROOF CHARTS, INC.



Principal Place of Business

1445 CENTRAL AVE  
SAINT PETERSBURG FL 33705  
US

Mailing Address

1445 CENTRAL AVE  
SAINT PETERSBURG FL 33705  
US

2. Principal Place of Business

1756 CENTRAL AVE

Suite, Apt. #, etc.

3. Mailing Address

1756 CENTRAL AVE

Suite, Apt. #, etc.

City & State

SAINT PETERSBURG, FL

Zip

33712

Country

US

City & State

SAINT PETERSBURG, FL

Zip

33712

Country

US

4. FEI Number

59-3484993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUFFINGTON, LINDA  
1445 CENTRAL AVE  
SAINT PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name

LINDA BUFFINGTON

Street Address (P.O. Box Number is Not Acceptable)

1756 CENTRAL AVE

City

SAINT PETERSBURG FL

Zip Code

33712

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME LINDA BUFFINGTON  
STREET ADDRESS 1445 CENTRAL AVE  
CITY-ST-ZIP SAINT PETERSBURG FL 33705

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1756 CENTRAL AVE  
CITY-ST-ZIP SAINT PETERSBURG, FL 33712

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Linda Buffington LINDA BUFFINGTON

Date

Daytime Phone #

4/12/04 727-823-9248