

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000072211

Entity Name: INTRACOASTAL GROUP, INC.

FILED
Oct 26, 2004
Secretary of State

Current Principal Place of Business:

452 COASTAL BREEZE WAY
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

452 COASTAL BREEZE WAY
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-3466571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRISAFULLI, CHARLES D
452 COASTAL BREEZE WAY
MERRITT ISLAND, FL 32953 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DCOE () Delete
Name: CRISAFULLI, CHARLES D
Address: 4495 NORTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: P () Delete
Name: CRISA LULLI, CHARLES J
Address: 452 COASTAL BREEZE WAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPST () Delete
Name: CRISTA LUCCI, FRANCIS JAMES
Address: 452 COASTAL BREEZE WAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: HANSEN, JULIA M
Address: 452 COASTAL BREEZE WAY
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: CRISA FULLI, FRANK
Address: 452 COASTAL BREEZE WAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPST (X) Change () Addition
Name: CRISTA FULLI, FRANCIS JAMES
Address: 452 COASTAL BREEZE WAY
City-St-Zip: MERRITT ISLAND, FL 32953

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: CHARLES D CRISAFULLI

DCOE

10/26/2004

Electronic Signature of Signing Officer or Director

Date