



FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000072211				Secretary of State	
1. Entity Name INTRACOASTAL GROUP, INC.					
Principal Place of Business 1005 EAST CRISAFULLI ROAD MERRITT ISLAND, FL 32953		Mailing Address 1005 EAST CRISAFULLI ROAD MERRITT ISLAND, FL 32953			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 59-3466571	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRISAFULLI, FRANK 1005 EAST CRISAFULLI ROAD MERRITT ISLAND, FL 32953				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D/P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRISAFULLI, FRANK		NAME		
STREET ADDRESS	1005 EAST CRISAFULLI ROAD		STREET ADDRESS		
CITY- ST- ZIP	MERRITT ISLAND, FL 32953		CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRISAFULLI, JOYCE A		NAME		
STREET ADDRESS	428 COASTAL BREEZE WAY		STREET ADDRESS		
CITY- ST- ZIP	MERRITT ISLAND, FL 32953		CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRISAFULLI, CHARLES J		NAME		
STREET ADDRESS	1005 EAST CRISAFULLI ROAD		STREET ADDRESS		
CITY- ST- ZIP	MERRITT ISLAND, FL 32953		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANSEN, JULIA M		NAME		
STREET ADDRESS	1005 EAST CRISAFULLI ROAD		STREET ADDRESS		
CITY- ST- ZIP	MERRITT ISLAND, FL 32953		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 fees empowered.					
SIGNATURE: _____		3/24/08 3265431474			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			