2006 FOR PROFIT CORPORATION

FILED

, ANNUAL REPORT				Apr 12, 2006 08:00 AM		
DOCUMENT # P97000073856				Sec	retary of S	State
1. Entity Name COASTAL FITNESS & HEALTH, INC.						
Principal Pla	ice of Business	Mailing Address				
9156 WRIG JACKSONVII	LEY DRIVE LLE, FL 32226	9156 WRIGLEY DRIVE JACKSONVILLE, FL 32226			,	
			Constitution of the consti			
Ę	OO NOT WRITE	IN THIS SPA	CE	02242006 No Ch	ng-P CR2E034 (*	11/05) Applied For
	The state of the s	The second secon	The second secon	59-3468775 5. Certificate of Status D		Not Applicable 75 Additional
	6. Name and Address of Current R	egistered Agent	Andrews - State of the Control of th		ree	Required
AAA BUSINESS & TAX SERVICES 4070 HERSCHEL STREET JACKSONVILLE, FL 32210				DO NO	WRITE	
			man 1 s y Marie a management and man		SPACE	The state of the s
8. The above the obliga	e named entity submits this statement for titlions of registered agent.	he purpose of changing its registe	red office or register	ed agent, or both, in the St	ate of Florida. I am famili	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent sho	tive is applicable. (NOTE: Register	ed Agent signature required	when reinstating)	QATE	
Fil After M	E NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	·	00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS		The contract of the contract o	this may be a supplemental and again to may	*****
TITLE NAME STREET ADDRESS	DP DETLEFSEN, LORI 9156 WRIGLEY DRIVE		2	14.3	The state of the s	1 3 4 4 1 2 2 4 1 2 2 4 1 2 4
CITY-ST-ZIP	JACKSONVILLE, FL 32228					
DILE NAME STREET ADDRESS	VP DETLEFSEN, RICHARD 9156 WRIGLEY DR.		And the second s		00000 050378 0 /26/06-80044	
TITLE	JACKSONVILLE, FL 32226		The Continues of the co	And the second s	was a second of the second of	
NAME STREET ADDRESS CITY-ST-ZIP			2 - 4	DO NOT	WRITE	The state of the s
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CITY-ST-ZIP					And the second s	
NAME STREET ADDRESS CITY-ST-ZIP				* but		
TITLE				The state of the s	The second secon	oories de gegag iestie.

12. I hereby certily that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certily that the information inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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:

STREET ADDRESS

SIGNATURE AND TYPED OR FRINTED OF SIGNING OFFICER OR DIRECTOR PRESIDENT 2/24/06 904.5686348