


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90258 006 ***150.00

DOCUMENT # P99000038177 1. Entity Name COAST INVESTMENTS, INC.					
Principal Place of Business 15 CYPRESS BRANCH WAY STE 203 PALM COAST, FL 32164			Mailing Address 15 CYPRESS BRANCH WAY STE 203 PALM COAST, FL 32164		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3573889	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIBBS-GAZZOLI, NICOLE R 15 CYPRESS BRANCH WAY STE 203 PALM COAST, FL 32164				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY - ST - ZIP	VD MCDERMOTT, SANDRA M 15 CYPRESS BRANCH STE 203 PALM COAST, FL 32164		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P D McDermott, Sandra M 15 Cypress Branch Way STE 203 Palm Coast FL 32164	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD GAZZOLI, NICOLE R 15 CYPRESS BRANCH WAY STE 203 PALM COAST, FL 32164		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gazzoli, Nicole R 15 Cypress Branch Way STE 203 Palm Coast FL 32164	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GIBBS, JUDITH L 15 CYPRESS BRANCH WAY STE 203 PALM COAST, FL 32164		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST O'Brien, Donald T Jr 15 Cypress Branch Way STE 203 Palm Coast FL 32164	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	
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: _____ Nicole R Gazzoli 4-15-04 386-445-2100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					