2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P99000049711

Entity Name: INTERCOASTAL CORPORATION

Current Principal Place of Business:

981-3 HWY 98 E
BOX 290
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

981-3 HWY 98 E
BOX 290
DESTIN, FL 32541

New Mailing Address:

P.O. BOX 2576
FORT WALTON BEACH, FL 32547

FEI Number: 59-3692452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COUPE, MICHAEL
981-3 HWY 98 E
BOX 290
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

COUPE, MICHAEL
321 BREAM AVE.
UNIT 304
FORT WALTON BEACH, FL 32548 US

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: MICHAEL COUPE 05/01/2006
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: PD ( ) Delete
Name: COUPE, MICHAEL
Address: 981-3 HWY 98 E, BOX 290
City-St-Zip: DESTIN, FL 32541

Title: VP ( ) Delete
Name: WINFREE, B A
Address: 981-3 HWY 98 E., BOX 410
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COUPE, MICHAEL
Address: 321 BREAM AVE., UNIT 304
City-St-Zip: FORT WALTON BEACH, FL 32548

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 Chapter 119, 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: MICHAEL COUPE PD 05/01/2006
Electronic Signature of Signing Officer or Director Date