

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000058936

FILED
Apr 28, 2004
Secretary of State

Entity Name: COAST CITY, INC.

Current Principal Place of Business:

104 HALF MOON CIRCLE
D1
HYPOLUXO, FL 33462

New Principal Place of Business:

10 ARMADILLO TRL
LAKE PLACID, FL 33852

Current Mailing Address:

104 HALF MOON CIRCLE
D1
HYPOLUXO, FL 33462

New Mailing Address:

10 ARMADILLO TRL
LAKE PLACID, FL 33852

FEI Number: 65-0931525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALSAM, B. MICHAEL
8927 OLD PINE ROAD
BOCA RATON, FL 33433 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TWISS, EDWARD M
Address: 104 HALF MOON CIRCLE D1
City-St-Zip: HYPOLUXO, FL 33462

Title: D () Delete
Name: TWISS, SANDRA L
Address: 104 HALF MOON CIRCLE D1
City-St-Zip: HYPOLUXO, FL 33462

Title: D (X) Delete
Name: DEUTCHMAN, ROBERTA
Address: 6335 GRAND CYPRESS CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TWISS, EDWARD M
Address: 10 ARMADILLO TRL
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Change () Addition
Name: TWISS, SANDRA L
Address: 10 ARMADILLO TRL
City-St-Zip: LAKE PLACID, FL 33852

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: EDWARD M TWISS

D

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date