2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 12, 2004 8:00 am **Secretary of State** DOCUMENT # P9900060869 1. Entity Name 02-12-2004 90030 025 ***150.00 COASTAL MARKETING GROUP, INC. Principal Place of Business Mailing Address 4595 LEXINGTON AVE 4595 LEXINGTON AVE STE 200 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Busin 1493 Scarle 1493 Scarle Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For 4. FEI Number REEN COVE SPRINGS 59-3589537 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARNER, RON Street Addre 2233 PARK AVE #302 **ORANGE PARK FL 32073** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in, in the State of Florida. I am familiar with, and accept the obligations of registered egent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE ☐ Addition TITLE Change | GARNER, RON NAME NAME 1493 SCARLETT WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GREENCOVE SPRINGS FL 32043** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GARNER, CHARLOTTE W 1493 SCARLETT WAY STREET ADDRESS STREET ADDRESS GREEN COVE SPRINGS FL 32043 CITY-ST-ZIP CITY-ST-ZIP VP-S TITLE ☐ Change ☐ Addition NAME GARVER, RONALD H JR NAME STREET ADDRESS 1800 SENTRY OAK COURT STREET ADDRESS CITY-ST-7IP GREEN COVE SPRINGS FL 32043 CITY-ST-ZIP ST Delete ☐ Addition TITLE TITLE ☐ Change LEDFORD, PAMELA G NAME 3383 BEULAH VISTA COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL 32003 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filling 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.

FILED