

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080823

FILED
Feb 26, 2004
Secretary of State

Entity Name: FLORIDA COASTAL BROKERAGE, INC.

Current Principal Place of Business:

88 RIBERIA STREET
SUITE 250
ST. AUGUSTINE, FL 320844374 US

New Principal Place of Business:

Current Mailing Address:

88 RIBERIA STREET
SUITE 250
ST. AUGUSTINE, FL 320844374 US

New Mailing Address:

FEI Number: 59-3598081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOPHAMER, MAURICE S
88 RIBERIA STREET
SUITE 250
SAINT AUGUSTINE, FL 320844374 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: PD () Delete
Name: KOPHAMER, LOIS L
Address: 64 MAGNOLIA DUNES CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: STD () Delete
Name: KOPHAMER, MAURICE S
Address: 64 MAGNOLIA DUNES CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MAURICE S. KOPHAMER

V

02/26/2004

Electronic Signature of Signing Officer or Director

_____ Date