


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90052 025 ***150.00


DOCUMENT # P99000107582	
1. Entity Name COAST TO COAST HURRICANE PROTECTION INC.	

Principal Place of Business 110 SAND LAKE RD INTERLACHEN FL 32148-7214	Mailing Address 110 SAND LAKE RD INTERLACHEN FL 32148-7214
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2. Principal Place of Business 19 Round Mill Ln.	3. Mailing Address 19 Round Mill Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PALM COAST FLA	City & State PALM COAST FLA
Zip 32164	Zip 32164
Country FLAGLER	Country FLAGLER

940000--

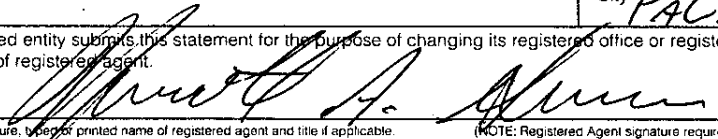


MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent GRAHAM, KENNETH A 110 SAND LAKE RD INTERLACHEN FL 32148-7214	
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4. FEI Number 65-0967238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name Kenneth A. Graham	
Street Address (P.O. Box Number is Not Acceptable) 19 Round Mill Ln	
City PALM COAST FLA FL	Zip Code 32164

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.

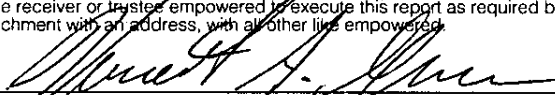
SIGNATURE  **Kenneth A. Graham 1/30/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GRAHAM, KENNETH A 110 SAND LAKE RD INTERLACHEN FL 32148-7214 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GRAHAM, KENNETH A 19 Round Mill Ln PALM COAST FLA 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Kenneth A. Graham 1/30/04** **386-586-0242**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #