

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90178 032 \*\*\*150.00

**DOCUMENT # V11487**

1. Entity Name  
**COASTAL SHIP REPAIR, INC.**



Principal Place of Business  
**99 DOVER AVENUE**  
**MERRITT ISLAND, FL 32952 US**

Mailing Address  
**99 DOVER AVENUE**  
**MERRITT ISLAND, FL 32952 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01272004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3103495**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MICHELE W. MOORE**  
**1360 DOLPHIN AVENUE**  
**MERRITT ISLAND, FL 32952**

7. Name and Address of New Registered Agent

Name *Douglas - M. Moore*

Street Address (P.O. Box Number is Not Acceptable)  
*1360 Dolphin Ave*

City *Merritt Isl* FL Zip Code *32952*

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 *Douglas M. Moore* *[Signature]* *4-22-04*

Signature, typed or printed name of registered agent and title if applicable. (Not for Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOORE, DOUGLAS M.</b> <b>1360 DOLPHIN AVE.</b> <b>MERRITT ISLAND, FL</b> <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	<b>D</b> <b>COONS, PATRICIA L.</b> <b>201 INTERNATIONAL DR.</b> <b>CAPE CANAVERAL, FL</b> <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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: *[Signature]* *4-22-04*

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