

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005206

Entity Name: COAST AQUATICS INC**Current Principal Place of Business:**204 BUCK DRIVE NE
FORT WALTON BEACH, FL 32548**Current Mailing Address:**204 BUCK DRIVE NE
FORT WALTON BEACH, FL 32548**FEI Number:** 27-0096004**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STROM, TRACY
204 BUCK DRIVE NE
FORT WALTON BEACH, FL 32548 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	DEROSA, STACIE
Address	1910 KADIMA CIRCLE
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	PRESIDENT
Name	ROBERTSON, KURT
Address	104 SPOTTED DOLPHIN RD
City-State-Zip:	SANTA ROSA BEACH FL 32549

Title	SECRETARY
Name	SKROVANEK, LIZ
Address	113 BROOKS ST SE 506
City-State-Zip:	FORT WALTON BEACH FL 32548

Title	TREASURER
Name	KEEN, KRISTIN
Address	4459 WOODBRIDGE RD
City-State-Zip:	NICEVILLE FL 32578

Title	VP
Name	BAREFIELD, JESSE
Address	4475 NEW MARKET RD
City-State-Zip:	NICEVILLE FL 32578

Title	DIRECTOR
Name	BALENT, ANGELA
Address	113 SLEEPY OAKS RD
City-State-Zip:	FORT WALTON BEACH FL 32548

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTIN KEEN**TREASURER****01/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date