

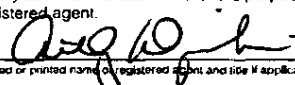
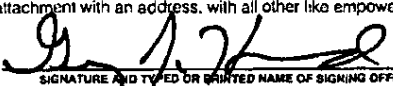


2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/23

FILED
May 20, 2004 8:00 am
Secretary of State

04-23-2004 90214 011 ***150.00

DOCUMENT # F96000002481 1. Entity Name COAST NATIONAL INSURANCE COMPANY					
Principal Place of Business 5701 STIRLING ROAD DAVIE, FL 33314-7431			Mailing Address 5701 STIRLING ROAD DAVIE, FL 33314-7431		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66423158 	
City & State		City & State		4. FEI Number 33-0246701	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMON, DON 5701 STIRLING ROAD DAVIE, FL 33314				7. Name and Address of New Registered Agent Name Anthony Drzewiecki Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE 5-7-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	SD HAMMOND, GREGORY 5701 STIRLING ROAD DAVIE, FL 33314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMON, DONALD 5701 STIRLING ROAD DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURTCH, DOUGLAS 5701 STIRLING ROAD DAVIE, FL 33314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOONAN, SIMON 5701 STIRLING RD FORT LAUDERDALE, FL 33314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELTEER, GEORGE 5701 STIRLING POND FORT LAUDERDALE, FL 33314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUTTON, RANDY 5701 STIRLING RD FORT LAUDERDALE, FL 33314	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Dailey, Jeffrey 5701 Stirling Rd Davie FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres/Director De Heer George 5701 Stirling Rd Davie FL 33314	<input checked="" 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:  Gregory Hammond, Secretary 4/22/04 954-316-5200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					