

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157833

Entity Name: COAST LINE INSURANCE, INC.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

8215 SR 54
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

8215 SR 54
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 20-0506898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, ROBERT
8215 SR 54
NEW PORT RICHEY, FL 34655 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: D () Delete
Name: CRAWFORD, ROBERT
Address: 8215 SR 54
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: ARDALANI, FRED
Address: 8215 SR 54
City-St-Zip: NEW PORT RICHEY, FL 34655

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 exemption stated in Chapter 119, 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: ROBERT CRAWFORD

D

01/04/2008

Electronic Signature of Signing Officer or Director

Date