2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# P03000157833

Entity Name: COAST LINE INSURANCE, INC.

Current Principal Place of Business:

7145 STATE ROUTE 54
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

7145 STATE ROUTE 54
NEW PORT RICHEY, FL 34653

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
7145 STATE ROUTE 54
NEW PORT RICHEY, FL 34653 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

OFFICERS AND DIRECTORS:

Title: D
Name: CRAWFORD, ROBERT
Address: 7145 SR 54
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D
Name: ARDALANI, FRED
Address: 7145SR 54
City-St-Zip: NEW PORT RICHEY, FL 34653

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

SIGNATURE: ROBERT CRAWFORD D 01/06/2011

Electronic Signature of Signing Officer or Director Date