

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000069384

FILED  
Jan 26, 2012  
Secretary of State

**Entity Name:** COASTAL HOME INSPECTION SERVICES, INC.

**Current Principal Place of Business:**

5870 MUSTANG CIR.  
PORT ST. LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

5870 MUSTANG CIR.  
PORT ST. LUCIE, FL 34987

**New Mailing Address:**

FEI Number: 20-3285990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEPHENS, WILL H JR  
5870 MUSTANG CIR.  
PORT ST. LUCIE, FL 34987 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: PST  
Name: STEPHENS, WILL H JR  
Address: 5870 MUSTANG CIR.  
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: PST  
Name: STEPHENS, WILL H JR  
Address: 5870 MUSTANG CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34987

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: WILL STEPHENS

PRES

01/26/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date