

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 561466

FILED  
Jan 03, 2011  
Secretary of State

**Entity Name:** COASTAL PROFESSIONAL SERVICES AGENCY, INC.

**Current Principal Place of Business:**

3055 OAK CREEK DRIVE  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

3055 OAK CREEK DRIVE  
CLEARWATER, FL 33761 US

**New Mailing Address:**

FEI Number: 59-1806054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TABB, LLOYD A  
3055 OAK CREEK DRIVE  
CLEARWATER, FL 33761 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: DP  
Name: TABB, LLOYD A  
Address: 3055 OAK CREEK DR  
City-St-Zip: CLEARWATER, FL 33761

Title: DS  
Name: TABB, NEVA D  
Address: 3055 OAK CREEK DR.  
City-St-Zip: CLEARWATER, FL 33761

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: LLOYD A. TABB

DP

01/03/2011

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

\_\_\_\_\_ Date