

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704194

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: THE COASTAL ARMS, INC.

## Current Principal Place of Business:

1410 S OCEAN BLVD  
LAUDERDALE BY THE SEA, FL 33062

## New Principal Place of Business:

## Current Mailing Address:

1410 S OCEAN BLVD  
LAUDERDALE BY THE SEA, FL 33062

## New Mailing Address:

FEI Number: 59-0641435      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ONORATI, GARY  
7101 WEST MCNAB ROAD  
201  
TAMARAC, FL 33321 US

## Name and Address of New Registered Agent:

SWIFT MANAGEMENT SOLUTIONS, INC.  
1750 UNIVERSITY DRIVE  
205  
CORAL SPRINGS,, FL 33071 US

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: KATHIE JENKINS, SWIFT MANAGEMENT

03/20/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: NELSON, HUBERT  
Address: 5016 RIDGE ROAD  
City-St-Zip: EDINA, MN 55436

Title: TD ( ) Delete  
Name: REAGAN, JAMES W  
Address: 1455 FARMDALE RD.  
City-St-Zip: MENDOTA HEIGHTS, MN

Title: D ( ) Delete  
Name: KRESS, JAMES E  
Address: 7999 SHADOW HILL DR.  
City-St-Zip: LA MESA, CA 91941

Title: DP ( ) Delete  
Name: MYERS, BONITA  
Address: 1410 S. OCEAN BLVD., F-3  
City-St-Zip: POMPANO BEACH, FL 33062

Title: VD ( ) Delete  
Name: CARBONNEAU, J. GUY  
Address: 559 RUE MAGNAN  
City-St-Zip: STE THERESE, QU J7E 2K7

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition  
Name: RADICE, CHARLES  
Address: 1410 S. OCEAN BLVD. S-2  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: BONITA MYERS

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date