

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004139

FILED
Apr 24, 2009
Secretary of State

Entity Name: INTERCOASTAL MORTGAGE AND COMPANY INC.

Current Principal Place of Business:

4100 MONUMENT CORNER DRIVE
SUITE 220
FAIRFAX, VA 22030

New Principal Place of Business:

Current Mailing Address:

4100 MONUMENT CORNER DRIVE
SUITE 220
FAIRFAX, VA 22030

New Mailing Address:

FEI Number: 52-1597440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C () Delete
Name: VAN METRE, ALBERT G JR
Address: 5252 LYNKATE COURT
City-St-Zip: BURKE, VA 22015

Title: P () Delete
Name: HOLLPETER, DAVID W
Address: 4100 MONUMENT CORNER DRIVE SUITE 220
City-St-Zip: FAIRFAX, VA 22030

Title: VP () Delete
Name: RABIL, RICHARD J
Address: 5252 LYNKATE COURT
City-St-Zip: BURKE, VA 22015

Title: ST () Delete
Name: RYAN, KENNETH A
Address: 5252 LYNKATE COURT
City-St-Zip: BURKE, VA 22015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: DAVID W. HOLLOPETER

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date