

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000209

**FILED**  
**Jul 26, 2011**  
**Secretary of State**

**Entity Name:** COASTAL HUMAN RESOURCE GROUP, INC.

**Current Principal Place of Business:**

801 EXECUTIVE PARK DR., SUITE 102  
MOBILE, AL 36606

**New Principal Place of Business:**

801 EXECUTIVE PARK DR., SUITE 105  
MOBILE, AL 36606

**Current Mailing Address:**

P. O. BOX 161104  
MOBILE, AL 36616

**New Mailing Address:**

**FEI Number:** 63-1209487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCorp SERVICES, INC.  
17888 67TH CT. NORTH  
LOXAHATCHEE, FL 33470 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: P  
Name: MILLER, JAMES L  
Address: 3825 RIVIERE DU CHEN  
City-St-Zip: MOBILE, AL 36693

Title: V  
Name: MILLER, RICHARD D  
Address: 7012 CHARLESTON OAKS DR. N.  
City-St-Zip: MOBILE, AL 36695

Title: S  
Name: MILLER, WILLIAM F  
Address: 5315 DOGRIVER LANE  
City-St-Zip: THEODORE, AL 36582

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: JAMES L MILLER

P

07/26/2011

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

\_\_\_\_\_  
Date