## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F72752

Entity Name: COASTAL GENERATORS, INC.

FILED Jan 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18 AUDUSSON 3545 FALLING BROOK CT

PENSACOLA, FL 32507 PACE, FL 32571

Current Mailing Address: New Mailing Address:

18 AUDUSSON 3545 FALLING BROOK CT

PENSACOLA, FL 32507 US PACE, FL 32571

FEI Number: 59-2207258 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

LAURENCE E ROMIGH III KENNETH L BROOKS
18 AUDUSSON AVE 3545 FALLING BROOK CT
PENSACOLA, FL 32507 US PACE, FL 32571 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: KENNETH L BROOKS 01/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 ROMIGH, LAURENCE E.I, II
 Name:
 BROOKS, KENNETH L,

 Address:
 18 AUDUSSON
 Address:
 3545 FALLING BROOK CT

 City-St-Zip:
 PENSACOLA, FL 32507 US
 City-St-Zip:
 PACE, FL 32571 US

Title: V () Delete Title: V (X) Change () Addition

Name: ROMIGH, LAURENCE E.I., II Name: BROOKS, LINDA,

 Address:
 18 AUDUSSON
 Address:
 3545 FALLING BROOK CT

 City-St-Zip:
 PENSACOLA, FL 32507 US
 City-St-Zip:
 PACE, FL 32571 US

Title: ST ( ) Delete Title: ST (X) Change ( ) Addition

Name:ROMIGH, VIVIAN,Name:BROOKS, LINDA,Address:18 AUDUSSONAddress:3545 FALLING BROOK CT

Address: 18 AUDUSSON Address: 3545 FALLING BROC City-St-Zip: PENSACOLA, FL 32507 US City-St-Zip: PACE, FL 32571 US

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: KENNETH L BROOKS PD 01/29/2009