2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H53859

ENGLEWOOD, FL 34224

City-St-Zip:

Entity Name: COASTAL SECURITY TITLE, INC

FILED Apr 27, 2009 Secretary of State

_markety ital		L OLOGICITI TITLE, IIVO.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TH MCCALL F DOD, FL 3422				
Current M	lailing Addre	ss:	New Mailing Address:		
	CCALL RD. DOD, FL 3422	245100			
FEI Number:	: 59-2536948	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:	
SUITE 203	DERSON BLV				
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PSD (GARCIA, RALF 2260 S MCCAI ENGLEWOOD	_L	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VTD (GARCIA, CARC 2260 S. MCCA		Title: Name: Address:	() Change () Addition	

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: RALPH GARCIA, III P 04/27/2009