

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H99553

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** COASTAL ELECTRIC COMPANY OF FLORIDA

**Current Principal Place of Business:**

2759 ST. JOHNS BLUFF ROAD  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

2759 ST. JOHNS BLUFF ROAD  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

**FEI Number:** 59-3044054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANDERS THOMAS J  
COASTAL ELECTRIC COMPANY OF FLORIDA  
2759 ST. JOHNS BLUFF ROAD  
JACKSONVILLE, FL 32246 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:** VP  
**Name:** SANDERS, JEFFERY T  
**Address:** 6906 POTTSBURG DR  
**City-St-Zip:** JACKSONVILLE, FL

**Title:** P,T  
**Name:** SANDERS, THOMAS J  
**Address:** 2759 ST. JOHNS BLUFF RD S  
**City-St-Zip:** JACKSONVILLE, FL 32246

**Title:** EV,S  
**Name:** SANDERS, ROBERT G  
**Address:** 14454 SAN PABLO DR. N.  
**City-St-Zip:** JACKSONVILLE, FL 32224 US

**Title:** VP  
**Name:** HENNESSEY, JAMES L  
**Address:** 2759 ST. JOHNS BLUFF RD S  
**City-St-Zip:** JACKSONVILLE, FL 32257 US

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:** THOMAS J SANDERS

PRES

02/15/2011

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

\_\_\_\_\_  
Date