

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J10783

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: COASTAL SOUTHERN, INC.

**Current Principal Place of Business:**

P.O. BOX 1900  
LYNN HAVEN, FL 32444 US

**New Principal Place of Business:**

2400 ST. ANDREWS BLVD.  
PANAMA CITY, FL 32405 US

**Current Mailing Address:**

P.O. BOX 1900  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

FEI Number: 59-2698113      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

APPLEMAN-MONIZ, CARLOTTA  
304 MAGNOLIA AVE  
PANAMA CITY, FL 32401 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: STVD ( ) Delete  
Name: LINDSEY, WAYNE  
Address: P.O. BOX 1900  
City-St-Zip: LYNN HAVEN, FL 32444

Title: PD ( ) Delete  
Name: LINDSEY, GEORGE M., III  
Address: P.O. BOX 1900  
City-St-Zip: LYNN HAVEN, FL 32444

Title: STD ( ) Delete  
Name: FLOYD, HOWARD H.  
Address: P.O. BOX 1900  
City-St-Zip: LYNN HAVEN, FL 32444

**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:

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: WAYNE LINDSEY

STVD

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date