
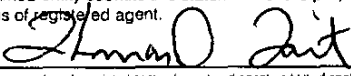
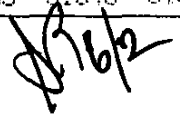
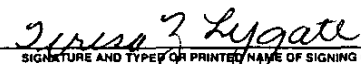


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P00000029860</b> 1. Entity Name <b>SOUTHERN COASTAL INSURANCE AGENCY, INC.</b>						<b>FILED</b> <b>05 MAY 27 PM 2:36</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>			
Principal Place of Business <b>2000 NINETY-EIGHT PALMS BLVD</b> <b>DESTIN, FL 32541</b>				Mailing Address <b>PO BOX 248</b> <b>DESTIN, FL 32540</b>					
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent  <b>BURGE, FRANK</b> <b>2000 NINETY-EIGHT PALMS BLVD.</b> <b>DESTIN, FL 32541</b>				7. Name and Address of New Registered Agent Name <b>Thomas D. Tait</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 West Garden Street</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32502</b>					
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  <b>Thomas D. Tait, Registered Agent</b> <b>5-20-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>BURGE, FRANK</b> <b>522 WALTON WAY</b> <b>DESTIN, FL 32541</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>100055715821</b> <b>06/03/05--01040--010 **\$61.25</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>CARR, FREDDY</b> <b>10 DANBERRY COURT</b> <b>NICEVILLE, FL 32578</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>WILSON, DEWEY C JR</b> <b>9563 HWY 83</b> <b>DEFUNIAK SPRINGS, FL 32433</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Thomas L. Callicutt, Jr.</b> <b>228 St. Charles Avenue, Suite 615</b> <b>New Orleans, LA 70130</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>CLAY, RONNY A</b> <b>705 GULFSHORE DR #104</b> <b>DESTIN, FL</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>John M. Turner, Jr.</b> <b>25 North Beltline Hwy.</b> <b>Mobile, AL 36608</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>LOGAN, KEVIN</b> <b>1522 MACK BAYOU RD.</b> <b>SANTA ROSA BEACH, FL 32549</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Stephen E. Barker</b> <b>228 St. Charles Avenue, Suite 610</b> <b>New Orleans, LA 70130</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>RIGGS, STEPHEN C</b> <b>8 SHADY LANE DRIVE</b> <b>MARY ESTHER, FL</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Joseph S. Schwartz, Jr.</b> <b>228 St. Charles Avenue, Suite 626</b> <b>New Orleans, LA 70130</b>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
<b>SIGNATURE:</b>  <b>Teresa Z. Lygate</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>5-24-05</b> <small>Date</small>				<b>504-586-3446</b> <small>Daytime Phone #</small>	

**Attachment  
to  
2005 For Profit Corporation  
Amended Annual Report**

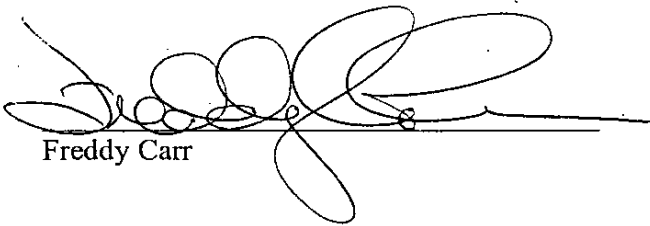
11. Additions/Changes to Officers and Directors in 11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Patricia K. Loupe 228 St. Charles Avenue, Suite 626 New Orleans, LA 70130	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Teresa Z. Lygate 228 St. Charles Avenue, Suite 626 New Orleans, LA 70130	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corp. Tax Officer Elizabeth Martin Lestelle 228 St. Charles Avenue, Suite 636 New Orleans, LA 70130	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

## RESIGNATION AS DIRECTOR

This constitutes my resignation as a Director of Southern Coastal Insurance Agency, Inc. (f/k/a Destin Bancshares Insurance Agency, Inc.) to be effective as of the date hereof.

Dated this 25<sup>th</sup> day of April, 2005.

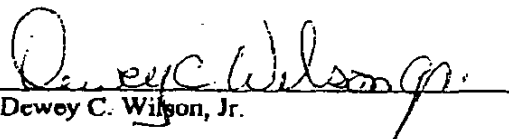


Freddy Carr

### RESIGNATION AS DIRECTOR

This constitutes my resignation as a Director of Southern Coastal Insurance Agency, Inc. (f/k/a Destin Bancshares Insurance Agency, Inc.) to be effective as of the date hereof.

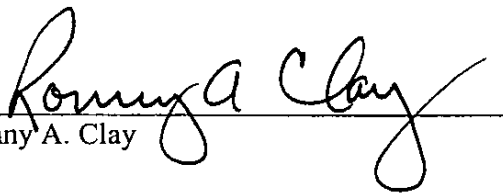
Dated this 25<sup>th</sup> day of April, 2005.

  
Dewey C. Wilson, Jr.

## RESIGNATION AS DIRECTOR

This constitutes my resignation as a Director of Southern Coastal Insurance Agency, Inc. (f/k/a Destin Bancshares Insurance Agency, Inc.), to be effective as of the date hereof.

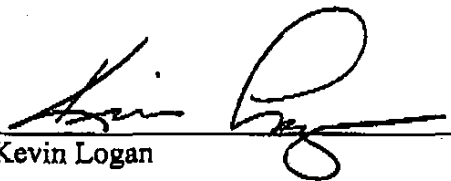
Dated this 25<sup>th</sup> day of April, 2005.

  
\_\_\_\_\_  
Ronny A. Clay

## RESIGNATION AS DIRECTOR

This constitutes my resignation as a Director of Southern Coastal Insurance Agency, Inc. (f/k/a Destin Bancshares Insurance Agency, Inc.) to be effective as of the date hereof.

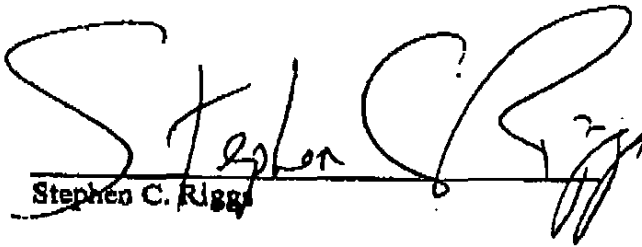
Dated this 25<sup>th</sup> day of April, 2005.

  
Kevin Logan

## RESIGNATION AS DIRECTOR

This constitutes my resignation as a Director of Southern Coastal Insurance Agency, Inc. (f/k/a Destin Bancshares Insurance Agency, Inc.) to be effective as of the date hereof.

Dated this 25<sup>th</sup> day of April, 2005.

  
Stephen C. Riggs