2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

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Entity Name: SOUTHERN COASTAL INSURANCE AGENCY, INC.

Current Principal Place of Business:

2000 NINETY-EIGHT PALMS BLVD
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

PO BOX 248
DESTIN, FL 32540

New Mailing Address:

FEI Number: 59-3642684 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAIT, THOMAS D
1010 WEST GARDEN STREET
PENSACOLA, FL 32502 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: PD ( ) Delete
Name: FREEMAN, E. MICHAEL JR
Address: 2000 NINETY EIGHT PALMS BLVD
City-St-Zip: DESTIN, FL 32541

Title: S ( ) Delete
Name: LOUPE, PATRICIA K
Address: 228 ST CHARLES AVENUE, SUITE 626
City-St-Zip: NEW ORLEANS, LA 70130

Title: D ( ) Delete
Name: CALLICULT, THOMAS L JR
Address: 228 ST CHARLES AVENUE, SUITE 615
City-St-Zip: NEW ORLEANS, LA 70130

Title: D ( ) Delete
Name: TURNER, JOHN M JR
Address: 25 NORTH BELTLINE HWY
City-St-Zip: MOBILE, AL 36608

Title: T ( ) Delete
Name: BARKER, STEPHEN E
Address: 228 ST CHARLES AVE, STE 610
City-St-Zip: NEW ORLEANS, LA 70130

Title: S ( ) Delete
Name: MCCAFFREY, DOUGLAS E
Address: 35 NORTH BELTLINE HIGHWAY
City-St-Zip: MOBILE, AL 36608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CALLICUTT, THOMAS L JR
Address: 228 ST CHARLES AVENUE, SUITE 615
City-St-Zip: NEW ORLEANS, LA 70130

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 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: TERESA Z. LYGATE S 01/05/2007

Electronic Signature of Signing Officer or Director Date