

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029860

FILED  
Mar 19, 2009  
Secretary of State

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: AS ( ) Delete  
Name: LYGATE, TERESA Z  
Address: 228 ST CHARLES AVENUE, SUITE 626  
City-St-Zip: NEW ORLEANS, LA 70130

Title: D ( ) Delete  
Name: CALLICUTT, 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: 228 ST CHARLES AVENUE  
City-St-Zip: NEW ORLEANS, LA 70130

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: 228 ST CHARLES AVENUE, SUTIE 615  
City-St-Zip: NEW ORLEANS, LA 70130

## 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:

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: TERESA Z. LYGATE

AS

03/19/2009

Electronic Signature of Signing Officer or Director

Date