

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029860

FILED
Mar 16, 2011
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

OFFICERS AND DIRECTORS:

Title: PD
Name: FREEMAN, E. MICHAEL JR
Address: 2000 NINETY EIGHT PALMS BLVD
City-St-Zip: DESTIN, FL 32541

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

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

Title: D
Name: TURNER, JOHN M JR
Address: 228 ST CHARLES AVENUE
City-St-Zip: NEW ORLEANS, LA 70130

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

Title: S
Name: MCCAFFREY, DOUGLAS E
Address: 228 ST CHARLES AVENUE, SUTIE 615
City-St-Zip: NEW ORLEANS, LA 70130

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: TERESA Z. LYGATE

AS

03/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date