

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P00000090950**

1. Entity Name  
**COASTAL FINANCIAL SERVICES, INC.**



Principal Place of Business  
**5143 COMMERCIAL WAY  
SPRING HILL, FL 34606**

Mailing Address  
**5143 COMMERCIAL WAY  
SPRING HILL, FL 34606**



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3673146**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KIERZYNSKI, MICHAEL J  
5143 COMMERCIAL WAY  
SPRING HILL, FL 34606**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOFMEISTER, LLOYD H 5197 CHURCHILL WAY SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS KIERZYNSKI, MICHAEL J 5365 KEYSVILLE AVENUE SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT RICCIUTI, FRANK X 2464 GLENRIDGE DRIVE SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000631427  
02/20/07-80046-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:** **N.R.** **2-9-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #