## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000100810

City-St-Zip: PANAMA CITY BEACH, FL 32413

Entity Name: COASTAL COMMUNITY INSURANCE AGENCY, INC.

FILED Apr 24, 2006 Secretary of State

Current P	rincipal Place	of Business:	N	ew Principal Plac	e of Business:	
12139 PAI	•	EACH PARKWAY		, , , , , , , , , , , , , , , , , , ,		
Current Mailing Address:				ew Mailing Addre	ss:	
		EACH PARKWAY FL 32407 US				
FEI Number	: 59-3679569	FEI Number Applied F	For ( ) FEI Numbe	er Not Applicable()	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
12139 PAI PANAMA The above	CITY BEACH, named entity:	EACH PARKWAY FL 32407 US submits this statemen	it for the purpose of cl	hanging its register	ed office or registered agent, or both,	
	e of Florida.					
SIGNATUI		nic Signature of Regis	tered Agent		Date	
Election Car		g Trust Fund Contributio	J			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DUBOSE, E. AN 12139 PANAMA	) Delete NTHONY A CITY BEACH PARKWAY BEACH, FL 32407	Na ' Ad	rle: ame: ddress: ty-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	VP ( ) MARTIN, BETH 411 ARGONAU		Na	ile: ame: Idress:	( ) Change ( ) Addition	

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: E. ANTHONY DUBOSE PR 04/24/2006