


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90148 004 ***150.00

DOCUMENT # P01000002302	
1. Entity Name COASTAL MORTGAGE LENDERS, INC.	

Principal Place of Business 12268 TAMiami TR EAST SUITE 301 NAPLES, FL 34113	Mailing Address 12268 TAMiami TR EAST SUITE 301 NAPLES, FL 34113
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2. Principal Place of Business - No P.O. Box # 8985 STAR TULIP CT Suite, Apt. #, etc.	3. Mailing Address 8985 STAR TULIP CT Suite, Apt. #, etc.
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City & State NAPLES, FL	City & State NAPLES, FL
Zip 34113	Zip 34113
Country USA	Country USA



04222008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1100107	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOGGATT, MICHAEL R 8985 STAR TULIP COURT NAPLES, FL 34113	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Michael R Hoggatt DATE: 4-20-08

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOGGATT, MICHAEL R 8985 STAR TULIP COURT NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Michael R Hoggatt DATE: 4-20-08 DAYTIME PHONE #: 239 272-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR