

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044095

FILED  
Apr 15, 2005  
Secretary of State

**Entity Name:** COAST TO COAST INSURANCE & FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

1222 SE 47TH STREET  
SUITE 105  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

1333-B LAFAYETTE STREET  
CAPE CORAL, FL 33904

**Current Mailing Address:**

1222 SE 47TH STREET  
SUITE 105  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

1333-B LAFAYETTE STREET  
CAPE CORAL, FL 33904 US

**FEI Number:** 65-1111494

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PULLEN, RONALD L  
608 TOWER DRIVE  
CAPE CORAL, FL 33904 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: P ( ) Delete  
Name: PULLEN, RONALD L  
Address: 608 TOWER DRIVE  
City-St-Zip: CAPE CORAL, FL 33904

Title: V ( ) Delete  
Name: PULLEN, DOREEN M  
Address: 608 TOWER DRIVE  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 for the exemption stated in Section 119.07(3)(i), 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:** DOREEN M PULLEN

VP

04/15/2005

Electronic Signature of Signing Officer or Director

Date