

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044095

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

912 SE 46TH LANE
201
CAPE CORAL, FL 33904

New Principal Place of Business:

4706 SE 11TH PLACE
C
CAPE CORAL, FL 33904

Current Mailing Address:

912 SE 46TH LANE
201
CAPE CORAL, FL 33904

New Mailing Address:

4706 SE 11TH PLACE
C
CAPE CORAL, FL 33904

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 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: DOREEN M PULLEN

VP

04/15/2009

Electronic Signature of Signing Officer or Director

Date