

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000104307

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** COASTAL PENSION CONSULTANTS, INC.

**Current Principal Place of Business:**

2710 ALT 19 NORTH  
401-C  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1350  
PALM HARBOR, FL 346821350 US

**New Mailing Address:**

**FEI Number:** 38-3661233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE, DONELLE A ESQ  
601 LITHIA PINECREST RD  
BRANDON, FL 33511 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HERRICK, DENISE M  
Address: 2710 ALT 19 NORTH STE 401-C  
City-St-Zip: PALM HARBOR, FL 34683 US

Title: D  
Name: BEREHULKA, SUSAN M  
Address: 2710 ALT 19 NORTH STE 401-C  
City-St-Zip: PALM HARBOR, FL 34683 US

I hereby 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 all other like empowered.

SIGNATURE: DENISE M HERRICK

PRES

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date