2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117334

Entity Name: COAST FINANCIAL HOLDINGS, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
1301 6TH AVE WEST BRADENTON, FL 34205	
Current Mailing Address:	New Mailing Address:
600 JAMES S. MCDONNELL BLVD. HAZELWOOD, MO 630422302	C/O TAX DEPARTMENT, MC 019 600 JAMES S. MCDONNELL BLVD. HAZELWOOD, MO 630422302
FEI Number: 14-1858265 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 336075736 US	
The above named entity submits this statement for the in the State of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Ag	gent Date

135 N. MERAMEC

CLAYTON, MO 63105

Address:

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

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

Title: () Delete Title: (X) Change () Addition MCCARTHY, TERRANCE M MCCARTHY, TERRANCE M Name: Name: 600 JAMES S. MCDONNELL BLVD. Address: 135 N. MERAMEC Address: City-St-Zip: HAZELWOOD, MO 63042 City-St-Zip: CLAYTON, MO 63105 Title: () Delete Title: (X) Change () Addition SCHEPMAN, STEVEN F SCHEPMAN, STEVEN F Name: Name: Address: 600 JAMES S. MCDONNELL BLVD. Address: 135 N. MERAMEC HAZELWOOD, MO 63042 CLAYTON, MO 63105 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition VANSICKLE, LISA K Name: Name: 600 JAMES S. MCDONNELL BLVD. Address: Address: City-St-Zip: HAZELWOOD, MO 63042 City-St-Zip: Title: SD () Delete Title: () Change () Addition WIMMER, PÈTER D Name: Name:

Title: V () Delete Title: () Change () Addition Name: CARSON, ANNETTE R Name:

 Name:
 CARSON, ANNETTE R
 Name:

 Address:
 600 JAMES S. MCDONNELL BLVD.
 Address:

 City-St-Zip:
 HAZELWOOD, MO 63042
 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.

Address:

City-St-Zip:

SIGNATURE: ANNETTE R. CARSON VP 04/27/2009