# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000157833

**Entity Name:**  COAST LINE INSURANCE, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 7145 STATE ROUTE 54<br>NEW PORT RICHEY, FL  34653 | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 7145 STATE ROUTE 54<br>NEW PORT RICHEY, FL  34653 | |

FEI Number: 20-0506898        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:** |
|---|---|
| CRAWFORD, ROBERT<br>7145 STATE ROUTE 54<br>NEW PORT RICHEY, FL  34653     US | |

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:** | **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:** |
|---|---|
| Title:      D      ( ) Delete<br>Name:    CRAWFORD, ROBERT<br>Address:   8215 SR 54<br>City-St-Zip:   NEW PORT RICHEY, FL  34655 | Title:      D      (X) Change ( ) Addition<br>Name:    CRAWFORD, ROBERT<br>Address:   7145 SR 54<br>City-St-Zip:   NEW PORT RICHEY, FL  34653 |
| Title:      D      ( ) Delete<br>Name:    ARDALANI, FRED<br>Address:   8215 SR 54<br>City-St-Zip:   NEW PORT RICHEY, FL  34655 | Title:      D      (X) Change ( ) Addition<br>Name:    ARDALANI, FRED<br>Address:   7145SR 54<br>City-St-Zip:   NEW PORT RICHEY, FL  34653 |

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:  ROBERT CRAWFORD                        D                  01/17/2009

          Electronic Signature of Signing Officer or Director                            Date