

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000157833

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

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7145 STATE ROUTE 54  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

7145 STATE ROUTE 54  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

**FEI Number:** 20-0506898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRAWFORD, ROBERT  
7145 STATE ROUTE 54  
NEW PORT RICHEY, FL 34653 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:** CRAWFORD, ROBERT  
**Address:** 7145 SR 54  
**City-St-Zip:** NEW PORT RICHEY, FL 34653

**Title:** D  
**Name:** ARDALANI, FRED  
**Address:** 7145SR 54  
**City-St-Zip:** NEW PORT RICHEY, FL 34653

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:** ROBERT CRAWFORD

D

02/09/2012

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

\_\_\_\_\_  
Date