

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90010 049 ***150.00

DOCUMENT # P04000055002

1. Entity Name

AMERICAN COAST TO COAST FINANCIAL INC.



Principal Place of Business

10612 FRONT BEACH RD
PANAMA CITY BEACH FL 32407
US

Mailing Address

4527 NORTSHORE RD.
LYNN HAVEN FL 32444
US



2. Principal Place of Business - No P.O. Box #

4527 NORTSHORE RD.

Suite, Apt. #, etc.

City & State

LYNN HAVEN FL.

Zip
32444

Country
Bay

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 42-1629329

Applied For

Not Applicable

5. Certificate of Status Desired

~~Professional Corporation~~

6. Name and Address of Current Registered Agent

TOLBERT, JOHN R SR.
4527 NORTSHORE RD.
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John Tolbert

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

2-5-07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
LES CHECK, DENISE M
4527 NORTSHORE RD.
LYNN HAVEN FL 32444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Sect.
JOHN R. TOLBERT
4527 NORTSHORE RD.
LYNN HAVEN FL 32444 ☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Tolbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. TOLBERT

2-5-07 810-265-3574

Date

Daytime Phone #