

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 14, 2008 08:00 AM  
Secretary of State

DOCUMENT # P04000055002

1. Entity Name

AMERICAN COAST TO COAST FINANCIAL INC.



Principal Place of Business

4527 NORTSHORE RD  
LYNN HAVEN FL 32444  
US

Mailing Address

4527 NORTSHORE RD.  
LYNN HAVEN FL 32444  
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 42-1629329

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                | STREET ADDRESS      | CITY-ST-ZIP         | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|---------------------|---------------------|---------------------|-------|------|----------------|-------------|
| PST   | LES CHECK, DENISE M | 4527 NORTSHORE RD.  | LYNN HAVEN FL 32444 |       |      |                |             |
| S     | TOLBERT, JOHN R     | 4527 NORTH SHORE RD | LYNN HAVEN FL 32444 |       |      |                |             |
|       |                     |                     |                     |       |      |                |             |
|       |                     |                     |                     |       |      |                |             |
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06/04/08-80026-001 150.00

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 R. Tolbert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. TOLBERT

Date

Day-Mo-Year #