

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062753

FILED  
Apr 08, 2005  
Secretary of State

Entity Name: COASTAL MORTGAGE INCORPORATED

## Current Principal Place of Business:

3929 BOB SIKES RD.  
DEFUNIAK SPRINGS, FL 32435

## New Principal Place of Business:

756-B BALDWIN AVE  
DEFUNIAK SPRINGS, FL 32435

## Current Mailing Address:

3929 BOB SIKES RD.  
DEFUNIAK SPRINGS, FL 32435

## New Mailing Address:

756-B BALDWIN AVE  
DEFUNIAK SPRINGS, FL 32435

FEI Number: 41-2134023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAPMAN, WILLIAM N  
3929 BOB SIKES RD.  
DEFUNIAK SPRINGS, FL 32435 US

## Name and Address of New Registered Agent:

CHAPMAN, WILLIAM N  
142 JASPER FLOYD ROAD  
PONCE DELEON, FL 32455 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:

04/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: CHAPMAN, MILDRED J  
Address: 3929 BOB SIKES RD.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: P ( ) Delete  
Name: CHAPMAN, MILDRED J  
Address: 3929 BOB SIKES RD.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: ST ( ) Delete  
Name: CHAPMAN, WILLIAM N  
Address: 3929 BOB SIKES RD.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: CHAPMAN, MILDRED J  
Address: 142 JASPER FLOYD ROAD.  
City-St-Zip: PONCE DELEON, FL 32455

Title: P (X) Change ( ) Addition  
Name: CHAPMAN, MILDRED J  
Address: 142 JASPER FLOYD ROAD  
City-St-Zip: PONCE DELEON, FL 32455

Title: ST (X) Change ( ) Addition  
Name: CHAPMAN, WILLIAM N  
Address: 142 JASPER FLOYD ROAD  
City-St-Zip: PONCE DELEON, FL 32455

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MILDRED J. CHAPMAN

PRES

04/08/2005

Electronic Signature of Signing Officer or Director

Date