

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063150

Entity Name: C. COAST TELECOM, INC.

FILED  
Apr 09, 2009  
Secretary of State

## Current Principal Place of Business:

3015 SW PINE ISLAND RD.  
113-206  
CAPE CORAL, FL 33991

## New Principal Place of Business:

## Current Mailing Address:

3015 SW PINE ISLAND RD.  
113-206  
CAPE CORAL, FL 33991

## New Mailing Address:

FEI Number: 52-2442895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAFauci, LOUIS  
5901 N E 15TH AVENUE  
FORT LAUDERDALE, FL 33334 US

## Name and Address of New Registered Agent:

LAFauci, LOUIS  
3015 SW PINE ISLAND RD.  
113-206  
CAPE CORAL, FL 33991 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:

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LAFauci, LOUIS  
Address: 3015 SW PINE ISLAND RD., STE 113-206  
City-St-Zip: CAPE CORAL, FL 33991

Title: P ( ) Delete  
Name: LAFauci, LOUIS  
Address: 3015 SW PINE ISLAND RD., STE113-206  
City-St-Zip: CAPE CORAL, FL 33991

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LOUIS LAFauci

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date