

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000107442

1. Entity Name
COASTAL BENEFITS GROUP, INC.



FILED
Jun 24, 2008 08:00 AM
Secretary of State

Principal Place of Business 1651 BELMONTE AVENUE JACKSONVILLE, FL 32207 US	Mailing Address 1651 BELMONTE AVENUE JACKSONVILLE, FL 32207 US
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06202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1555543	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HAWKER, MICHAEL
1651 BELMONTE AVENUE
JACKSONVILLE, FL 32207**

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IN THIS SPACE

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 _____ U00000953354
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **06/24/08-80001-D14 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAWKER, MICHAEL T
STREET ADDRESS	1651 BELMONTE AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	DVP
NAME	HAWKER, RHONDA
STREET ADDRESS	1651 BELMONTE AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Michael Hawker* **6/24/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #