

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



DO NOT WRITE IN THIS SPACE

06202008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1555543	Applied For 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

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000953354
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	

**DO NOT WRITE
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/08
Date

Daytime Phone #