

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109021

FILED
Apr 29, 2009
Secretary of State

Entity Name: SOUTHERN COAST SERVICES, INC.

Current Principal Place of Business:

2269 SOUTH UNIVERSITY DRIVE
#152
DAVIE, FL 33324 US

New Principal Place of Business:

5640 SW 111TH TERRACE
DAVIE, FL 33328 US

Current Mailing Address:

2269 SOUTH UNIVERSITY DRIVE
#152
DAVIE, FL 33324 US

New Mailing Address:

5640 SW 111TH TERRACE
DAVIE, FL 33328 US

FEI Number: 80-0115467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALDREP, GARY O
2269 SOUTH UNIVERSITY DRIVE
#152
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

WALDREP, GARY O
5640 SW 111TH TERRACE
DAVIE, FL 33328 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: GARY WALDREP

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALDREP, GARY O
Address: 2269 SOUTH UNIVERSITY DRIVE, #152
City-St-Zip: DAVIE, FL 33324 US

Title: VP () Delete
Name: WALDREP, DONNA R
Address: 2269 SOUTH UNIVERSITY DRIVE, #152
City-St-Zip: DAVIE, FL 33324 US

Title: ST () Delete
Name: WALDREP, JR., GARY O
Address: 2269 SOUTH UNIVERSITY DRIVE, #152
City-St-Zip: DAVIE, FL 33324 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALDREP, GARY O
Address: 5640 SW 111TH TERRACE
City-St-Zip: DAVIE, FL 33328 US

Title: VP (X) Change () Addition
Name: WALDREP, DONNA R
Address: 5640 SW 111TH TERRACE
City-St-Zip: DAVIE, FL 33328 US

Title: ST (X) Change () Addition
Name: WALDREP, JR., GARY O
Address: 5640 SW 111TH TERRACE
City-St-Zip: DAVIE, FL 33328 US

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: GARY WALDREP

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date