

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099718

Entity Name: COASTAL LOAN INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

142 JASPER FLOYD ROAD
PONCE DELEON, FL 32455

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 408
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 20-3170840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, P.A., FRANKLIN H
5365 E. CO. HWY 30-A SUITE 105
SEAGROVE BEACH, FL 32459 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CHAPMAN, WILLIAM N PRES.
Address: 142 JASPER FLOYD ROAD
City-St-Zip: PONCE DELEON, FL 32455 US

Title: VP () Delete
Name: CHAPMAN, MILDRED J V/PRES
Address: 142 JASPER FLOYD ROAD
City-St-Zip: PONCE DELEON, FL 32455 US

Title: SEC () Delete
Name: LAWSON, JULIE L SEC/TRE
Address: P.O. BOX 408
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: WILLIAM N CHAPMAN

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date