

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145527

FILED  
May 28, 2010  
Secretary of State

**Entity Name:** COAST TO COAST INSURANCE OF FLORIDA, INC.

**Current Principal Place of Business:**

506 COLUMBIA DRIVE  
NA  
TAMPA, FL 33606

**New Principal Place of Business:**

215 EAST DAVIS BLVD  
NA  
TAMPA, FL 33606

**Current Mailing Address:**

301 W PLATT STREET  
#236  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 13-4356416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALSH, KATHRYN B MS.  
506 COLUMBIA DRIVE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

HERNDON, KATHRYN B MRS.  
4107 W PLATT STREET  
TAMPA, FL 33609 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: KATHRYN B. WALSH HERNDON

05/28/2010

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: WALSH HERNDON, KATHRYN B  
Address: 4107 WEST PLATT STREET  
City-St-Zip: TAMPA, FL 33609

I hereby 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 all other like empowered.

SIGNATURE: KATHRYN B WALSH HERNDON

MRS.

05/28/2010

Electronic Signature of Signing Officer or Director

Date