

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167950

Entity Name: COASTAL RECOVERY INC.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

4711 NORTH MANHATTAN AVE.
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

4711 NORTH MANHATTAN AVE.
TAMPA, FL 33614 US

New Mailing Address:

8710 W. HILLSBOROUGH AVE.
321
TAMPA, FL 33615 US

FEI Number: 20-5030147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, STEVEN G
109 LOTUS CIRCLE
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

JOHNSON, KATRINA L
8710 W. HILLSBOROUGH AVE
SUITE 321
TAMPA, FL 33615 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: KATRINA L. JOHNSON

02/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, STEVEN G
Address: 109 LOTUS CIRCLE
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: VP () Delete
Name: BOYLAN, THOMAS M
Address: 8105 BAY DRIVE
City-St-Zip: TAMPA, FL 33635 US

Title: VP () Delete
Name: THOMAS, PHILLIP J
Address: 13615 FOREST LAKE DRIVE
City-St-Zip: LARGO, FL 33771 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSON, STEVEN G
Address: 8710 W. HILLSBOROUGH AVE. STE. 321
City-St-Zip: TAMPA, FL 33615 US

Title: VP (X) Change () Addition
Name: BOYLAN, THOMAS M
Address: 8710 W. HILLSBOROUGH AVE. STE. 321
City-St-Zip: TAMPA, FL 33615 US

Title: S (X) Change () Addition
Name: JOHNSON, KATRINA L
Address: 8710 W. HILLSBOROUGH AVE. STE. 321
City-St-Zip: TAMPA, FL 33615 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: STEVEN G. JOHNSON

P

02/02/2009

Electronic Signature of Signing Officer or Director

Date