

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000097617

FILED
Aug 26, 2008
Secretary of State**Entity Name:** COAST TO COAST MAIDS INCORPORATED**Current Principal Place of Business:**18717 HAMILTON STREET
LUTZ, FL 33549 US**New Principal Place of Business:****Current Mailing Address:**18717 HAMILTON STREET
LUTZ, FL 33549 US**New Mailing Address:****FEI Number:** 32-0044593**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RUSCH, NORA L
18717 HAMILTON STREET
LUTZ, FL 33549 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUSCH, NORA L
Address: 18717 HAMILTON STREET
City-St-Zip: LUTZ, FL 33549 US

Title: VP (X) Delete
Name: HUBBARD, LENORE C
Address: P.O. BOX 9194
City-St-Zip: TAMPA, FL 33674 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: RUSCH, NORA L
Address: 18717 HAMILTON STREET
City-St-Zip: LUTZ, FL 33549 US

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: NORA L RUSCH

PSTD

08/26/2008

Electronic Signature of Signing Officer or Director

Date