

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000096820

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** COAST TO COAST RECOVERY OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

27150 TRIBUNE BLVD  
PUNTA GORDA, FL 33955

**New Principal Place of Business:**

**Current Mailing Address:**

27150 TRIBUNE BLVD  
PUNTA GORDA, FL 33955

**New Mailing Address:**

**FEI Number:** 26-0808671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOUGLAS, TRAVIS L  
27150 TRIBUNE BLVD  
PUNTA GORDA, FL 33955 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: PD  
Name: DOUGLAS, TRAVIS  
Address: 27150 TRIBUNE BLVD  
City-St-Zip: PUNTA GORDA, FL 33955

Title: STD  
Name: DOUGLAS, GAIL  
Address: 27150 TRIBUNE BLVD  
City-St-Zip: PUNTA GORDA, FL 33955

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: GAIL DOUGLAS

STD

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date