

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103296

FILED
Apr 27, 2009
Secretary of State

Entity Name: COASTAL CAPITAL MARKETS INC

Current Principal Place of Business:

4100 LEGENDARY DR.
STE. 200
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

4100 LEGENDARY DR.
STE. 200
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 26-1374738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGLER, MITCHELL W
300A WHARFSIDE WAY
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

LEGLER, MITCHELL W
50 NORTH LAURA ST
2900
JACKSONVILLE, FL 32202 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:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOS, PETER H JR.
Address: 4100 LEGENDARY DR. #200
City-St-Zip: DESTIN, FL 32541 US

Title: P () Delete
Name: SAWYER, HUGH
Address: 4100 LEGENDARY DR. #200
City-St-Zip: DESTIN, FL 32541 US

Title: VP () Delete
Name: BOS, PETER H III
Address: 4100 LEGENDARY DR. #200
City-St-Zip: DESTIN, FL 32541 US

Title: S () Delete
Name: PARKER, WENDY
Address: 4100 LEGENDARY DR. #200
City-St-Zip: DESTIN, FL 32541 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V,T (X) Change () Addition
Name: BUSFIELD, DAVID
Address: 4100 LEGENDARY DR. #200
City-St-Zip: DESTIN, FL 32541 US

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

Title: V () Change (X) Addition
Name: LEGLER, MITCHELL W
Address: 50 NORTH LAURA ST 2900
City-St-Zip: JACKSONVILLE, FL 32202

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: WENDY PARKER

S

04/27/2009

Electronic Signature of Signing Officer or Director

Date