

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001626

FILED
Aug 27, 2009
Secretary of State

Entity Name: THE COIN SUPPLY STORE, INC

Current Principal Place of Business:

103 HOMEPORT DRIVE
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

103 HOMEPORT DRIVE
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 26-2042571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD, #347
PEMBROKE PINES, FL 33027 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: RASMUSSEN, PAUL
Address: 103 HOMEPORT DRIVE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: SEC () Delete
Name: RASMUSSEN, PAUL
Address: 103 HOMEPORT DRIVE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: TRES () Delete
Name: RASMUSSEN, KURT
Address: 103 HOMEPORT DRIVE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: DIR () Delete
Name: RASMUSSEN, PAUL
Address: 103 HOMEPORT DRIVE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: DIR () Delete
Name: RASMUSSEN, KURT
Address: 103 HOMEPORT DRIVE
City-St-Zip: PALM HARBOR, FL 34683 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: PAUL RASMUSSEN

PRES

08/27/2009

Electronic Signature of Signing Officer or Director

Date