

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000041723

Entity Name: FLORIDA COAST TO COAST, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

7677 DR PHILLIPS BLVD
STE 205
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7677 DR PHILLIPS BLVD
STE 205
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 59-3187139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMPHRIES, J. GREGORY
300 SOUTH ORANGE AVENUE
SUITE 100
ORLANDO, FL 328013373 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: PSD () Delete
Name: DUFFEY, GLENN E.
Address: 8519 SUNSET WILLOW CT.
City-St-Zip: ORLANDO, FL 32835

Title: VTD () Delete
Name: DUFFEY, KATHLEEN K
Address: 8519 SUNSET WILLOW CT.
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KATHLEEN K DUFFEY

VTD

04/28/2009

Electronic Signature of Signing Officer or Director

Date