


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P95000078800
 1. Entity Name
 SOUTH COAST FINANCIAL CORP.



Principal Place of Business 807 E. 15TH STREET PANAMA CITY, FL 32405	Mailing Address 807 E. 15TH STREET PANAMA CITY, FL 32405
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3338399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HUGHES, J R ESQ.
 220 MCKENZIE AVENUE
 PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

8. 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 I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AMBERG, LEE J 807 E 15TH STREET PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MERRITT, JULE J 959 HOWARD STREET EVANSTON, IL 60202
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UD00000851957
 03/26/08-80010-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lee J. Amberg* LEE J. AMBERG PRES. 3/3/08 (850) 784-2500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #