

**2007 FOR PROFIT CORPORATIO  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90020 023 \*\*\*150.00

**DOCUMENT # P97000024295**

1. Entity Name  
**COASTLINE FINANCIAL CORP.**



Principal Place of Business  
**2123 E ATLANTIC BLVD  
POMPANO BEACH, FL 33062**

Mailing Address  
**PO BOX 10652  
POMANO BEACH, FL 33061**



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0740153**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CUMMINGS, STUART**  
**2721 N.E. 11TH STREET 2123 E. ATLANTIC BLVD.**  
**POMPANO BEACH, FL 33062 33061**

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 Stuart Cummings  
Signature, typed or printed name of registered agent and title if applicable.

2/27/07  
DATE

(NOTE: Registered Agent signature required when restate)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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  
**D**  
**CUMMINGS, STUART**  
**2123 E. ATLANTIC BLVD**  
**POMPANO BEACH, FL 33062**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Stuart Cummings  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07  
Date

Daytime Phone #

Stuart Cummings