

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90091 043 ***150.00

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1. Entity Name

INTERCOASTAL INSURANCE SERVICES, INC.



Principal Place of Business

P.O. BOX 1039
LAND O LAKES FL 34639

Mailing Address

P.O. BOX 1039
LAND O LAKES FL 34639



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

20500 COT ROAD
Suite, Apt. #, etc.
#501

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

LUTZ FL

City & State

4. FEI Number

65-0816681

Applied For

Not Applicable

Zip

33558

Country

PASCO

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLAUGHLIN, MICHAEL R
20500 COT ROAD #501
LUTZ FL 33558

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MCLAUGHLIN, MICHAEL R
STREET ADDRESS P.O. BOX 1039
CITY ST ZIP LAND O LAKES FL 34639

TITLE V ☐ Delete
NAME MCLAUGHLIN, ANGELA L
STREET ADDRESS P.O. BOX 1039
CITY ST ZIP LAND O LAKES FL 34639

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Change ☒ Addition
NAME MICHAEL E MCLAUGHLIN
STREET ADDRESS PO Box 1039
CITY ST ZIP LAND O LAKES FL 34639

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 Section 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:

Michael R McLaughlin

MICHAEL MCLAUGHLIN 3-2-07

941
730 2294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #