2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2011
Secretary of State

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Entity Name: INTERCOASTAL INSURANCE SERVICES, INC.

Current Principal Place of Business:

20500 CUT ROAD
501
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1039
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 65-0816681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: MCLAUGHLIN, MICHAEL R
Address: P.O. BOX 1039
City-St-Zip: LAND O LAKES, FL 34639

Title: V
Name: MCLAUGHLIN, ANGELA L
Address: P.O. BOX 1039
City-St-Zip: LAND O LAKES, FL 34639

Title: S
Name: MCLAUGHLIN, MICHAEL E
Address: P.O. BOX 1039
City-St-Zip: LAND O LAKES, FL 34639

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL R MCLAUGHLIN DIR 02/08/2011

Electronic Signature of Signing Officer or Director — Date