

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000076059

FILED
Mar 11, 2009
Secretary of State

Entity Name: COAST MORTGAGE SERVICES, INC.

Current Principal Place of Business:

607 SW ST LUCIE CRES
SUITE 2A
STUART, FL 34994

New Principal Place of Business:

606 SW CLEVELAND AVE
STUART, FL 34994

Current Mailing Address:

PO BOX 2395
STUART, FL 34995

New Mailing Address:

FEI Number: 65-0950090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDS, MICHAEL E
606 SW CLEVELAND AVE
STUART, FL 34994 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: PVSD () Delete
Name: SANDS, MICHAEL E
Address: 606 SW CLEVELAND AVE
City-St-Zip: STUART, FL 34994

Title: T () Delete
Name: SANDS, MICHAEL E
Address: 606 SW CLEVELAND AVE
City-St-Zip: STUART, FL 34994

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: MICHAEL SANDS

PRES

03/11/2009

Electronic Signature of Signing Officer or Director

Date