

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L44842

FILED
Aug 20, 2009
Secretary of State

Entity Name: COASTAL LANDSCAPES, INC.

Current Principal Place of Business:

12-B AMELIA VILLAGE CIRCLE
FERNANDINA BCH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8141
C/O MORRIS B. WILLAMS
AMELIA ISLAND, FL 32035 US

New Mailing Address:

FEI Number: 59-2988499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, MORRIS B
325 MARSH LAKES DRIVE
FERNANDINA BCH, FL 32034 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: PSD () Delete
Name: WILLIAMS, MORRIS BRUCE
Address: 325 MARSH LAKES DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VTD () Delete
Name: LAMPE, WALTER M.
Address: 4440 MERRIMAC AVE.
City-St-Zip: JACKSONVILLE, FL

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: MORRIS BRUCE WILLIAMS

PSD

08/20/2009

Electronic Signature of Signing Officer or Director

Date