

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000000166

Entity Name: COASTAL TREE SERVICE, INC.

FILED  
Oct 11, 2005  
Secretary of State

**Current Principal Place of Business:**

405 17TH AVENUE NORTH  
JACKSONVILLE BEACH, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1156  
PONTE VEDRA BEACH, FL 32004

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATTERSON, BOND & LATSHAW, P.A.  
3010 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250 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: LRP

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MADDEN, JAMES  
Address: 405 17TH AVENUE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32256

Title: VP ( ) Delete  
Name: MADDEN, SHIRLEY  
Address: 405 17TH AVENUE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32256

Title: ST ( ) Delete  
Name: GALLIGAN, KAREN  
Address: 405 17TH AVENUE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: GALLIGAN, KAREN K  
Address: 405 17TH AVENUE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32256

Title: ST (X) Change ( ) Addition  
Name: GALLIGAN, KAREN B  
Address: 405 17TH AVENUE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JM

P

10/11/2005

Electronic Signature of Signing Officer or Director

Date