

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000166

Entity Name: COASTAL TREE SERVICE, INC.

FILED
Feb 22, 2008
Secretary of State

Current Principal Place of Business:

11275 OLD DIXIE HIGHWAY
PONTE VEDRA, FL 32081

New Principal Place of Business:

Current Mailing Address:

PO BOX 1156
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

FEI Number: 92-0199315

FEI Number Applied For ()

FEI Number Not Applicable ()

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:

ALL FLORIDA FIRM INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725 US

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: ANAY VALCARCEL

02/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MADDEN, JAMES F
Address: P O BOX 1156
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: VP (X) Delete
Name: MADDEN, JAMES F
Address: P O BOX 1156
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: ST (X) Delete
Name: GALLIGAN, BERTA K
Address: P O BOX 1156
City-St-Zip: PONTE VEDRA BEACH, FL 32004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT (X) Change () Addition
Name: MADDEN, JAMES F
Address: 81 S ROSCOE BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: JAMES F MADDEN

PVT

02/22/2008

Electronic Signature of Signing Officer or Director

Date