

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000000166

FILED
Apr 27, 2009
Secretary of State**Entity Name:** COASTAL TREE SERVICE, INC.**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:**ALL FLORIDA FIRM INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725 US**Name and Address of New Registered Agent:**MADDEN, JAMES F P/V/T
11275 OLD DIXIE HWY
PONTE VEDRA BEACH, FL 32081 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: JAMES F MADDEN

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PVT () Delete
Name: GALLIGAN, BERTA K
Address: 11275 OLD DIXIE HIGHWAY
City-St-Zip: PONTE VEDRA, FL 32081**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PVT (X) Change () Addition
Name: MADDEN, JAMES F PVT
Address: 11275 OLD DIXIE HIGHWAY
City-St-Zip: PONTE VEDRA, FL 32081

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

04/27/2009

Electronic Signature of Signing Officer or Director

Date