


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000013152

1. Entity Name
COASTAL TREES, INC.



Principal Place of Business
**2280 FREDERICK DRIVE
 VENICE, FL 34292**

Mailing Address
**PO BOX 1321
 NOKOMIS, FL 34275**

DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3556907

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DENT, PAUL A
 2206 CASEY KEY RD.
 NOKOMIS, FL 34275**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DENT, PAUL A
STREET ADDRESS	2206 CASEY KEY RD.
CITY - ST - ZIP	NOKOMIS, FL 34275
TITLE	D
NAME	DENT, MARIANNE L
STREET ADDRESS	2206 CASEY KEY RD.
CITY - ST - ZIP	NOKOMIS, FL 34275
TITLE	D
NAME	COX, GUY W II
STREET ADDRESS	2206 CASEY KEY RD.
CITY - ST - ZIP	NOKOMIS, FL 34275
TITLE	D
NAME	COX, ANN E
STREET ADDRESS	2206 CASEY KEY RD.
CITY - ST - ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 01/10/08-80016-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Guy W. Cox **Guy W. Cox** 1/5/08 941-685-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #