

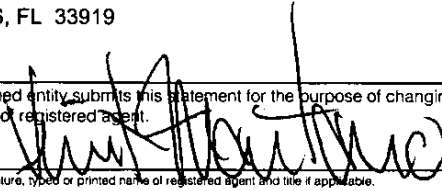
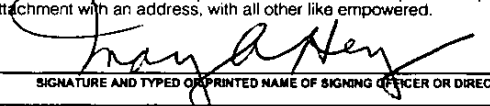


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90071 024 \*\*\*150.00

<b>DOCUMENT # P00000018215</b> 1. Entity Name <b>COASTLAND AUTO SALES AND LEASING, INC.</b>					
Principal Place of Business <b>1956 DANA DR FORT MYERS, FL 33907</b>			Mailing Address <b>PO BOX 6246 FT MYERS, FL 33911</b>		
2. Principal Place of Business - No P.O. Box # <b>3680 FOWLER ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>3680 FOWLER ST</b> Suite, Apt. #, etc.			
City & State <b>FT MYERS FL</b>		City & State <b>FT MYERS FL</b>		4. FEI Number <b>65-0983439</b>	
Zip <b>33901</b>		Country <b>LEE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, WILLIAM R 8191 COLLEGE PARKWAY SUITE 204 FORT MYERS, FL 33919</b>			7. Name and Address of New Registered Agent Name <b>VINCENT MARCANTONIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>630 31ST ST</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34117</b>		
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:  <b>3/29/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>VDS</b>	NAME <b>HENRY, ALLISON C</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>7581 KNIGHTWING CIRCLE</b>	CITY-ST-ZIP <b>FORT MYERS, FL 33912</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>T</b>	NAME <b>HENRY, MARY A</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>12121 FAIRWAY ISLES RD</b>	CITY-ST-ZIP <b>FT MYERS, FL 33913</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b>	NAME <b>HENRY, LARRY M</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>7581 KNIGHTWING CIRCLE</b>	CITY-ST-ZIP <b>FORT MYERS, FL 33912</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>PD</b>	NAME <b>MARCANTONIO, VINCENT</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>630 31ST SW</b>	CITY-ST-ZIP <b>NAPLES, FL 34117</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b>  <b>TRACY A. HENRY</b> <b>3/6/07</b> <b>239 936 5800</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					