

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000033777

Entity Name: COASTAL CYPRESS, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

609 GILBERT ST.  
BRONSON, FL 32621

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 66.  
BRONSON, FL 32621

**New Mailing Address:**

FEI Number: 26-2315961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARR, LIBBY  
609 GILBERT ST  
BRONSON, FL 32621 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KEETON, JAMES L.  
Address: 609 GILBERT ST.  
City-St-Zip: BRONSON, FL 32621

Title: D  
Name: KEETON, ADA M.  
Address: 609 GILBERT ST.  
City-St-Zip: BRONSON, FL 32621

Title: D  
Name: KUHNS, LEONARD D.  
Address: 609 GILBERT ST.  
City-St-Zip: BRONSON, FL 32621

I hereby 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 all other like empowered.

SIGNATURE: ADA KEETON

D

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date