

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L44842

**Entity Name:** COASTAL LANDSCAPES, INC.

**Current Principal Place of Business:**

5422 FIRST COAST HWY.  
SUITE 113  
AMELIA ISLAND, FL 32034

**Current Mailing Address:**

PO BOX 15315  
FERNANDINA BEACH, FL 32035 US

**FEI Number:** 59-2988499

**Certificate of Status Desired:** Yes

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

WILLIAMS, MORRIS B  
96214 MARSH LAKES DRIVE  
FERNANDINA BCH, FL 32034 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PSD	Title	VTD
Name	WILLIAMS, MORRIS BRUCE	Name	LAMPE, WALTER M.
Address	325 MARSH LAKES DRIVE	Address	4440 MERRIMAC AVE.
City-State-Zip:	FERNANDINA BEACH FL 32034	City-State-Zip:	JACKSONVILLE FL

*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:** M. BRUCE WILLIAMS

**PRES.**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date