

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F48842

**FILED**  
**Feb 18, 2005**  
**Secretary of State**

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

**Current Principal Place of Business:**

36 SE 1 ST AVE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

18 NE 12 STREET  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

36 SE 1 ST AVE  
DELRAY BEACH, FL 33444

**New Mailing Address:**

18 NE 12 STREET  
DELRAY BEACH, FL 33444

FEI Number: 59-2140483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REEDER, PAMELA B.  
36 SE 1ST AVE  
DELRAY BEACH, FL 33444 US

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

REEDER, PAMELA B.  
18 NE 12 STREET  
DELRAY BEACH, FL 33444 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

02/18/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: REEDER, PAMELA B.,  
Address: 36 SE 1ST AVE  
City-St-Zip: DELRAY BEACH, FL  
  
Title: VS ( ) Delete  
Name: BELLANTE, DANIEL D.,  
Address: 36 SE 1ST AVE  
City-St-Zip: DELRAY BEACH, FL 33444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: REEDER, PAMELA B.,  
Address: 18 NE 12 STREET  
City-St-Zip: DELRAY BEACH, FL 33444  
  
Title: VS (X) Change ( ) Addition  
Name: BELLANTE, DANIEL D.,  
Address: 18 NE 12 STREET  
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAMELA B. REEDER

Electronic Signature of Signing Officer or Director

P

02/18/2005

Date