## 11-9914-710/50615 2008 FOR PROFIT CORPORATION ANNUAL REPORT FLOFFIFST Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP VELDON, NC 27890  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT # F97000056  1. Entity Name COASTAL FOREST RESOURCES COASTAL				01-29-2008	-			
Record   Place of Business - No PO, Box #   3. Mailing Address   9.001   FL-GA   Huby   Suile, Apt. 4, etc.   01212008   Chg. P   CR2E034 (12/08)	Principal Place of Business	Mailing Address	<u>.</u>	• 01	าาวาสบ				
2. Principal Place of Business - No P.O. Box # 3. Mailling Address   Suite, Ant. #, etc.   O1212008   Chg.P   CR2E034 (12/08)   Cry, & State   Cry, & Cry, & State   Cry, &				40	115000				
Suble, Apt. is, stoc.    City & State	WELDUN, NC 27890	HAVANA, FL 32333							
Suite, Apt. #, etc.   Suite, Apt. #, etc.   O1212008 Chg-P CR2E034 (12/06)  City & State   4. FEI Number   Sold Address   Sold Applied For   Sold Address   Sold Applied For   Sold Address   Sold Applied For   Sold Address   Sold Ad	-107	<del></del>							
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O1212008   Chg.P   CR2E034 (12/06)   City & State		3. Mailing Address							
City & State		Suite, Apt. #, etc.		01212008	Cha-P	CR2E034	1 (12/06)		
Secretary   Secr	City & State	City & State						plied For	
8. Certificate of Status Dearned 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Street	11	Ony a state	City & State						
S. Name and Address of Current Registered Agent C. T. CORPORATION SYSTEM 200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324  City FL Zip Code  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 arm familiar with, and accept the obligations of registered agent, when the purpose of changing its registered office or registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent and title it applicable.  **PILE NOWILL FEE STSO.00**  After May 1, 2008 Fee will \$350.00**  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STRANGE, MARYLIN M STRET AUDRESS  OFFICERS AND STRANGE, P. B. II  SIRET AUDRESS  OFFICERS AND DIRECTORS  TITLE  Debte  TITLE  DAY  AVANA, FL 32333  OFFICERS AND DIRECTORS IN TITLE  MAME  BARRINGER, P. B. II  Debte  TITLE  DEBTE AUDRESS  OFFICERS AND DIRECTORS IN TITLE  MAME  STRET AUDRESS  OFFICERS AND DIRECTORS IN TITLE  MAME  BARRINGER, P. B. II  Debte  TITLE  Debte  TI		Zip	Country	5. Certificate of	f Status Desired	□ \$	8.75 Add	itional	
Street Address (P.O. Box Number is Not Acceptable)  City		Registered Agent		7. Name and A	ddress of New R		•		
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  City  FL  Zip Code  City  FL  Zip Code  City  FL  City  City  FL	C.T.CORPORATION SYSTEM		Name						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature	1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature			City	- 400			Zin Code		
SIGNATURE    Signature   Signa	B The above a send asking the items.	<u></u>			1 0 0 1 10		`		
FILE NOW!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE AST STRANGE, MARYLIN M NAME STREET ADDRESS CITY-ST-ZIP  HAVANA, FL 32333  CITY-ST-ZIP  BARRINGER, P. B. II NAME STREET ADDRESS CITY-ST-ZIP  FILE EVP ROCKWOOD, THOMSON W 8007 FL-GA HWY. STREET ADDRESS CITY-ST-ZIP  TITLE BCP ROCKWOOD, THOMSON W 8007 FL-GA HWY. STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	the obligations of registered agent.	the purpose of changing its r	egistered office or ri	egistered agent, or both	, in the State of Flo	rida. I am far	niliar with,	and accept	
### FILE NOW!!! FEE I\$ \$150.00   9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   #### 1, 2008 Fee WILER \$550.00   Trust Fund Contribution.   Added to Fees   #### 100. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.   #### 111. AST									
### After May 1, 2008 Fee WILDER \$550.00   Trust Fund Contribution.   Added to Fees	Signature, typed or printed name of registered agent a	nd title if applicable, (NOTE:	Registered Agent signature	required when reinstating)		DATE			
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CITY-ST-ZIP  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	STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			[	] Change	☐ Addition	

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.

	aulm MAtiany	1 1001 10-11	M Strange	1/21/08	850-539-643
SIG	NATURE AND TYPED OR PRINTED NAME OF SIGN	ING OFFICER OR DIRECTOR	•	Date	Daytime Phone #