2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K77162

FILED Mar 31, 2009 Secretary of State

Entity Name: COASTAL ENTERPRISES OF MARTIN COUNTY, INC.

Current Principal Place of Business: 5994 SW MARKEL STREET PALM CITY, FL 34990 US Current Mailing Address: P.O. BOX 105 PALM CITY, FL 34991 US FEI Number: 65-0124189 FEI Number Applied For () FEI Number Not Applicable () Certificate of St. Name and Address of Current Registered Agent: Name and Address of New Registered TAYLOR, WILLIAM R I 5994 SW MARKEL ST PALM CITY, FL 34990 US The above named entity submits this statement for the purpose of changing its registered office or register in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS Title: PD () Delete Name: TAYLOR, WILLIAM R. I, II Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip:	
Current Mailing Address: P.O. BOX 105 PALM CITY, FL 34991 US FEI Number: 65-0124189 FEI Number Applied For () FEI Number Not Applicable () Certificate of State Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAYLOR, WILLIAM R I 5994 SW MARKEL ST PALM CITY, FL 34990 US The above named entity submits this statement for the purpose of changing its registered office or register in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Additional Address: 5994 SW MARKEL ST Address:	
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Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Addition Name: TAYLOR, WILLIAM R. I, II Name: Address: 5994 SW MARKEL ST Address: 5994 SW MARKEL ST	tered agent, or both,
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Addition Name: TAYLOR, WILLIAM R. I, II Name: Address: 5994 SW MARKEL ST Address:	
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Title: D () Delete Title: () Change () Additi Name: TAYLOR, KAREN A Name: Address: 5994 SW MARKEL ST Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip:	ldition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM R. TAYLOR PRES 03/31/2009