

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L44842

FILED  
Mar 02, 2010  
Secretary of State

Entity Name: COASTAL LANDSCAPES, INC.

**Current Principal Place of Business:**

12-B AMELIA VILLAGE CIRCLE  
FERNANDINA BCH, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8141  
C/O MORRIS B. WILLAMS  
AMELIA ISLAND, FL 32035 US

**New Mailing Address:**

FEI Number: 59-2988499      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILLIAMS, MORRIS B  
325 MARSH LAKES DRIVE  
FERNANDINA BCH, FL 32034 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: WILLIAMS, MORRIS BRUCE  
Address: 325 MARSH LAKES DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VTD  
Name: LAMPE, WALTER M.  
Address: 4440 MERRIMAC AVE.  
City-St-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: MORRIS BRUCE WILLIAMS

PRES

03/02/2010

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

\_\_\_\_\_  
Date