2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State
02-14-2008 90032 017 ***150.00

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1. Entity Name
COASTAL IRRIGATION, INC. OF SWF

400025375

01182008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
208 WALDO AVE. NORTH LEHIGH ACRES, FL 33971	C/O ROBERT D. ROYSTON, JR. P.O. DRAWER 60205 FT. MYERS, FL 33906

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	C/o John M. Wicker
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Drawer 60205
City & State	City & State Fort Myers FL
Zip / Country	Zip 33906 / Country

4. FEI Number: 01-0564358 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD., SUITE 101
FT. MYERS, FL 33907

7. Name and Address of New Registered Agent

Name / Street Address / City / Zip Code

JOHN M. WICKER, P.A.
12670 NEW BRITTANY BLVD., STE 101
FORT MYERS, FL 33907

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 am familiar with, and accept the obligations of registered agent.

SIGNATURE ________________ 2/11/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ Delete
NAME	STALVEY, ROBERT E JR.	
STREET ADDRESS	5571 HARBORAGE DR.	
CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	VP	☐ Delete
NAME	STALVEY, ROBERT E III	
STREET ADDRESS	2700 NE 2ND PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 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.

SIGNATURE: ________________ President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #