

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000037441

1. Entity Name  
COASTAL IRRIGATION SERVICE, INC.



Principal Place of Business  
5994 SW MARKEL STREET  
PALM CITY, FL 34990

Mailing Address  
POST OFFICE BOX 106  
PALM CITY, FL 34991

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0446777 Applied For Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

TAYLOR, WILLIAM R III  
5994 SW MARKEL STREET  
PALM CITY, FL 34990

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

4/27/05

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PS  
NAME TAYLOR, WILLIAM R III  
STREET ADDRESS 5994 SW MARKEL STREET  
CITY - ST - ZIP PALM CITY, FL 34990

TITLE VPT  
NAME TAYLOR, KAREN A  
STREET ADDRESS 5994 SW MARKEL STREET  
CITY - ST - ZIP PALM CITY, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

U00000356828  
05/04/05-80049-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 772-288-2811

Date

Daytime Phone #