

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
9/13/2004 9:00:11 -010-5158.75-5158.75

2004 OCT -6 AM 8:13

DOCUMENT # P03000119950				2004 OCT -6 AM 8:13	
1. Entity Name COASTAL LAND CLEARING, INC.		Principal Place of Business 255 N JENKINS RD FT PIERCE, FL 34947			
2. Principal Place of Business		3. Mailing Address			
Suits, Apt. #, etc.		Suits, Apt. #, etc.			
City & State		City & State		6. Certificate of Status Desired ☐ \$0.75 Additional Fee Required	
Zip	Country	Zip	Country	4. ES Number 51-8487418	
5. Name and Address of Current Registered Agent SPiegel & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
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 am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$160.00 Due by September 6, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TEDDER, DEBORAH R		NAME		
STREET ADDRESS	255 N JENKINS RD		STREET ADDRESS		
CITY - ST - ZIP	FT PIERCE, FL 34947		CITY - ST - ZIP		
TITLE	VSD	☐ Delete	TITLE	☒ Change	☐ Addition
NAME	FIELD, GEORGE A		NAME	SD	
STREET ADDRESS	255 N JENKINS RD		STREET ADDRESS	Fields, George A	
CITY - ST - ZIP	FT PIERCE, FL 34947		CITY - ST - ZIP	255 N. Jenkins Rd	
TITLE		☐ Delete	TITLE	VD	☒ Change
NAME			NAME	Robert Rollin Tedder	
STREET ADDRESS			STREET ADDRESS	255 N. Jenkins Rd	
CITY - ST - ZIP			CITY - ST - ZIP	FT Pierce, FL 34947	
TITLE		☐ Delete	TITLE		☐ Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(I), Florida Statutes. I further certify that the information indicated on this report of 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 another if empowered.					
SIGNATURE: _____		8-31-04 772 461-0249			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					