

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000034173

FILED
Jul 23, 2006
Secretary of State

Entity Name: COASTAL QUALITY TREE SERVICE, INC.

Current Principal Place of Business:

2953 PADDOCK COURT
NORTH PORT, FL 34288

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 7015
NORTH PORT, FL 34287

New Mailing Address:

P.O.BOX 380753
MURDOCK, FL 33938

FEI Number: 59-2845358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAYDON, JAMES D III
1998 EMBASSY RD
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

MUNOZ, HECTOR
2953 PADDOCK AVENUE
NORTH PORT, FL 34288 US

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: HECTOR MUNOZ

07/23/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MUNOZ, HECTOR
Address: 2953 PADDOCK COURT
City-St-Zip: NORTH PORT, FL 34288

Title: VS () Delete
Name: CLAYDON, JAMES D III
Address: 1998 EMBASSY RD
City-St-Zip: NORTH PORT, FL 34286

Title: TS () Delete
Name: LOPEZ, EMANUEL V
Address: 1998 EMBASSY ROAD
City-St-Zip: NORTH PORT, FL 34286

Title: S (X) Delete
Name: GREENWALD, JOHN
Address: 2953 PADDOCK COURT
City-St-Zip: NORTH PORT, FL 34288

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change () Addition
Name: CLAYDON, JAMES D III
Address: 3393 ULMAN
City-St-Zip: NORTH PORT, FL 34286

Title: TS (X) Change () Addition
Name: CROSBY, HANNAH R
Address: 2953 PADDOCK AVENUE
City-St-Zip: NORTH PORT, FL 34288

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: HECTOR MUNOZ

PD

07/23/2006

Electronic Signature of Signing Officer or Director

Date