

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000034173

FILED  
Apr 11, 2007  
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:

2953 PADDOCK AVE  
NORTH PORT, FL 34288

## Current Mailing Address:

P.O.BOX 380753  
MURDOCK, FL 33938

## New Mailing Address:

FEI Number: 59-2845358      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

04/11/2007

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

\_\_\_\_\_  
Date