

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000034173

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** COASTAL QUALITY TREE SERVICE, INC.

**Current Principal Place of Business:**

2953 PADDOCK AVE  
NORTH PORT, FL 34288

**New Principal Place of Business:**

**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: HECTOR MUNOZ

PD

04/29/2011

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

\_\_\_\_\_  
Date