2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P04000047902

Entity Name: COASTLINE TREE SERVICE & LANDSCAPING OF DESTIN, INC.

Current Principal Place of Business:

612 HARBOR BLVD
DESTIN, FL 32541

New Principal Place of Business:

619 HARBOR BLVD
DESTIN, FL 32541

Current Mailing Address:

400 EVERGREEN DRIVE
DESTIN, FL 32541

New Mailing Address:

P.O. BOX 247
DESTIN, FL 32540

FEI Number: 80-0128480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTUCCI, GUY
114 MOUNTAIN DRIVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

SANTUCCI, GUY
619 HARBOR BLVD
DESTIN, FL 32541 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: _____ 04/30/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SANTUCCI, GUY
Address: 114 MOUNTAIN DRIVE
City-St-Zip: DESTIN, FL 32541

Title: DV ( ) Delete
Name: WILLIS, BILL
Address: 114 MOUNTAIN DRIVE
City-St-Zip: DESTIN, FL 32541

Title: S (X) Delete
Name: MEREDITH, M. AUBREY
Address: 114 MOUNTAIN DRIVE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SANTUCCI, GUY
Address: 619 HARBOR BLVD
City-St-Zip: DESTIN, FL 32541

Title: DV (X) Change ( ) Addition
Name: MEREDITH, MARY A
Address: 619 HARBOR BLVD
City-St-Zip: DESTIN, FL 32541

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

I hereby certify that the information supplied with this filing does not qualify 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: GUY SANTUCCI DP 04/30/2008
Electronic Signature of Signing Officer or Director — Date