

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000043907

FILED
Oct 28, 2008
Secretary of State

Entity Name: COAST TO COAST SITE DEVELOPMENT, INC.

Current Principal Place of Business:

5326 LAND O LAKES BLVD
LAND O LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1455
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 65-1245364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCUSSEL, CINDY
5326 LAND O LAKES BLVD
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

CARPENTER, CARL
5326 LAND O LAKES BLVD
LAND O LAKES, FL 34639 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: CARL CARPENTER

10/28/2008

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: P () Delete
Name: ANDERSON, CLIFFORD A
Address: 9760 WOOD DALE LN
City-St-Zip: LAND O LAKES, FL 34639

Title: VP () Delete
Name: ANDERSON, BRAD D
Address: 9810 WOOD DALE LN
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: ANDERSON, FRANKLIN D
Address: 9730 WOOD DALE LN
City-St-Zip: LAND O LAKES, FL 34639

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 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: CLIFFORD ANDERSON

P

10/28/2008

Electronic Signature of Signing Officer or Director

Date