2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092036

FILED Apr 17, 2006 Secretary of State

Entity Name: COASTAL LAWN CARE & IRRIGATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3607 CHERRY RIDGE LYNN HAVEN, FL 32444 **Current Mailing Address: New Mailing Address:** 3607 CHERRY RIDGE LYNN HAVEN, FL 32444 FEI Number: 20-3032757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOSKINS, ROCHELLE 3607 CHERRY RIDGE LYNN HAVEN, FL 32444 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HOSKIN, ROCHELLE HOSKINS, ROCHELLE Name: Name: 3607 CHERRY RIDGE 3607 CHERRY RIDGE Address: Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: LYNN HAVEN, FL 32444

() Delete Title: DV Title: DV (X) Change () Addition

Name: HOSKIN, ROBERT Name: HOSKINS, ROBERT 3607 CHERRY RIDGE Address: 3607 CHERRY RIDGE Address: LYNN HAVEN, FL 32444 LYNN HAVEN, FL 32444 City-St-Zip: 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: ROCHELLE HOSKINS DP 04/17/2006