2006 FOR PROFIT CORPOLATION ANNUAL REPORT (AR)

FILED 2/, DOCUMENT # P05000124309

Mar 08, 2006 8:00 am Secretary of State 02-20-2006 90049 009 ***150.00

COASTAL LAWN CARE SERVICES, INC.				
Principal Place of Business 240 PRICE ST NAPLES FL 34113		Mailing Address 240 PRICE ST NAPLES FL 34113	- I	t Mathatri III salai suu sana sana sana kusi kara kara mata na
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FELNugroer
Zip	Country	Zip	Country	06-1756464 Not Applicable
			000.11	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
240	ICELL, ANDREW PRICE ST PLES FL 34113		Street Address (I	P.O. Box Number is Not Acceptable)
IVA	22312 34113		City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida agent, or both acceptance of the obligations of registered agent, or both acceptance of the obligations of registered agent, or both acceptance of the obligations of registered agent, or both acceptance of the obligations of registered agent, or both acceptance of the obligations o				
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE HAME STREET ADDRESS CITY-ST-ZIP	PD PURCELL, ANDREW 240 PRICE ST NAPLES FL 34113	🗍 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TOLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delgte	NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilion
NAME SIREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby indicated of the co	certify that the information supplied don this report or supplemental repor reporation or the receiver or trustee e	with this filing does not quality for it is true and accurate and that my impowered to execute this report:	the exemptions contained y signature shall have the s as required by Chapter 60	d in Section 119, Florida Statutes. Hurther certify that the information same legal affect as it made under oath; that I am an officer or director 7. Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE:

2-6-06 239.393-003



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

COASTAL LAWN CARE SERVICES, INC. 240 PRICE ST NAPLES, FL 34113

Subject: COASTAL LAWN CARE SERVICES, INC.

Reference Number:

P05000124309

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION