

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000164287

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** COASTLINE TREE SERVICE, INC.

**Current Principal Place of Business:**

7050 PENNSYLVANIA STREET  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

7050 PENNSYLVANIA STREET  
FORT MYERS, FL 33912

**New Mailing Address:**

P.O. BOX 07303  
FORT MYERS, FL 33919

**FEI Number:** 35-2265067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMONELLI, VINCENT  
1118 SW 47TH TERR, #203  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

SIMONELLI, VINCENT  
1525 SE 17TH STREET  
CAPE CORAL, FL 33990 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:

02/13/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SIMONELLI, VINCENT  
Address: 1525 SE 17TH STREET  
City-St-Zip: CAPE CORAL, FL 33990

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: VINCENT SIMONELLI

DP

02/13/2012

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

\_\_\_\_\_  
Date