

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P06000002996**

1. Entity Name  
**COASTAL GROUNDS CARE, INC.**



Principal Place of Business  
**590 SOLUTIONS WAY  
ROCKLEDGE, FL 32955**

Mailing Address  
**590 SOLUTIONS WAY  
ROCKLEDGE, FL 32955**

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Aug 13, 2008 08:00 AM**  
**Secretary of State**



08082008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-4103205**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HADDOW, JOSEPH  
590 SOLUTIONS WAY  
ROCKLEDGE, FL 32955**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000957637  
08/13/08-80003-006 550.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
HADDOW, JOSEPH  
590 SOLUTIONS WAY  
ROCKLEDGE, FL 32955**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Joseph R. Haddow **Joseph R. Haddow**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-11-08**  
Date

**321-720-4676**  
Daytime Phone #