2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# P06000140243

Entity Name: COASTAL LANDSCAPING PROFESSIONALS INC

Current Principal Place of Business:

1800 OLD MOODY BLVD.
SUITE 1
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 352824
PALM COAST, FL 32135 US

New Mailing Address:

FEI Number: 38-3745405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AUSTIN, SHERECE R
102 PLAINVIEW DR.
APT. A
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

AUSTIN, SHERECE R
8 PINELYNN DR.
PALM COAST, FL 32164 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: 03/16/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ADAMS, REGINA M
Address: 7 CLEVELAND ST.
City-St-Zip: BRENTWOOD, NY 11717 US

Title: VP (X) Delete
Name: KNIGHT, RANDY E
Address: 38 PEBBLE BEACH
City-St-Zip: PALM COAST, FL 32164 US

Title: D ( ) Delete
Name: AUSTIN, BENJAMIN E MGR
Address: 102 A PLAINVIEW DR.
City-St-Zip: PALM COAST, FL 32164 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: AUSTIN, BENJAMIN E MGR
Address: 8 PINELYNN DR.
City-St-Zip: PALM COAST, FL 32164 US

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: REGINA ADAMS PRES 03/16/2009
Electronic Signature of Signing Officer or Director — Date