

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000096050

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: COASTAL PALMS & LANDSCAPING, INC.

## Current Principal Place of Business:

755 26 AVE. N.  
ST. PETERSBURG, FL 33704

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 41554  
ST. PETERSBURG, FL 33743

## New Mailing Address:

FEI Number: 45-0573319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALBRIGHT, LISA M  
5353 GULF BLVD., B202  
ST. PETE BEACH, FL 33706 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: ALBRIGHT, DANIEL L  
Address: 5353 GULF BLVD., B202  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: VP ( ) Delete  
Name: FRANCA, CRAIG F  
Address: 755 26 AVE. N.  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: T ( ) Delete  
Name: ALBRIGHT, LISA M  
Address: 5353 GULF BLVD., B202  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: S ( ) Delete  
Name: ALBRIGHT, LISA M  
Address: 5353 GULF BLVD., B202  
City-St-Zip: ST. PETE BEACH, FL 33706

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LISA ALBRIGHT

S

04/28/2008

Electronic Signature of Signing Officer or Director

Date