

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2008 8:00 am
Secretary of State

02-22-2008 90017 044 ***150.00

DOCUMENT # P95000012854 1. Entity Name COASTLINE LANDSCAPE & MAINTENANCE INC.					
Principal Place of Business 6680 SW GATOR TRAIL PALM CITY FL 34990			Mailing Address 6680 SW GATOR TRAIL PALM CITY FL 34990		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0559401	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ABELL, ROBERT G 6680 SW GATOR TRAIL PALM CITY FL 34990			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date. (Indicate date.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP MYERS, LAURA 6680 SW GATOR TRAIL PALM CITY FL 34990			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP S ABELL, AMY 6680 SW GATOR TRAIL PALM CITY FL 34990			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP P ABELL, ROBERT G 6680 SW GATOR TRAIL PALM CITY FL 34990			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

3/10/08 772-223-7318