


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000004738</b> 1. Entity Name <b>COASTAL NURSERIES, INC.</b>	
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Principal Place of Business  
**8087 PALOMINO DR  
LAKE WORTH, FL 33467**

Mailing Address  
**8087 PALOMINO DR  
LAKE WORTH, FL 33467**



05202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0805533</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**SPROUL, WILLIAM  
8087 PALOMINO DRIVE  
LAKE WORTH, FL 33467**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SPROUL, WILLIAM
STREET ADDRESS	8087 PALOMINO DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	SPROUL, CLAUDIA
STREET ADDRESS	8087 PALOMINO DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000368307  
05/25/05-80010-005 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** William R. Sproul William R. Sproul 5/19/05 (561) 442-0077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #