## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000077004

KIRBY, TAMMY

3771 15TH AVENUE SW

NAPLES, F: 341175356

Name:

Address:

City-St-Zip:

Entity Name: COASTI AND ALITO DOAD DAN

FILED Apr 24, 2007 Secretary of State

Entity Name: COASTLAND AUTO ROAD RANGERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 3771 15TH AVENUE SW 5939 SHIRLEY STREET NAPLES, FL 341175356 NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 3771 15TH AVENUE SW 735 BELAIRE COURT NAPLES, FL 34117 NAPLES, FL 341033524 US FEI Number: 65-0942664 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: KIRBY, BOBBY J V KIRBY, BOBBY J V 8140 NORTH WILEY POST WAY 3771 15TH AVENUE SW NAPLES, FL, FL 34117 US HERNANDO, FL 34442 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: 04/24/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition MACFARLANE, STEWART Name: Name: 735 BELAIRE COURT Address: Address: City-St-Zip: NAPLES, FL 341033524 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: KIRBY, BOBBY J Name: KIRBY, BOBBY J 3771 15TH AVENUE SW 8140 NORTH WILEY POST WAY Address: Address: NAPLES, FL 341175356 HERNANDO, FL 34442 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MACFARLANE, MARY Name: Name: 735 BELAIRE COURT Address: Address: City-St-Zip: NAPLES, FL 341033524 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address: City-St-Zip: KIRBY, TAMMY M

8140 NORTH WILEY POST WAY

HERNANDO, FL 341175356

SIGNATURE: BOBBY J KIRBY VP 04/24/2007