

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000037441

**Entity Name:** COASTAL IRRIGATION SERVICE, INC.

**Current Principal Place of Business:**

5994 SW MARKEL STREET  
PALM CITY, FL 34990

**Current Mailing Address:**

POST OFFICE BOX 106  
PALM CITY, FL 34991

**FEI Number: 03-0446777**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

TAYLOR, WILLIAM RIII  
5994 SW MARKEL STREET  
PALM CITY, FL 34990 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PS  
Name TAYLOR, WILLIAM RIII  
Address 5994 SW MARKEL STREET  
City-State-Zip: PALM CITY FL 34990

Title VPT  
Name TAYLOR, KAREN A  
Address 5994 SW MARKEL STREET  
City-State-Zip: PALM CITY FL 34990

*I hereby 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 all other like empowered.*

**SIGNATURE: WILLIAM R TAYLOR III**

**PRESIDENT**

**01/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date