

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000084277

**Entity Name:** COASTAL LAND ENDEAVORS, INC.

**Current Principal Place of Business:**

675 NW FLAGLER AVENUE  
SUITE 402  
STUART, FL 34994

**FILED**  
**Jan 27, 2022**  
**Secretary of State**  
**7099562425CC**

**Current Mailing Address:**

P. O. BOX 1376  
PALM CITY, FL 34991 US

**FEI Number: 87-2864453**

**Certificate of Status Desired: No**

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

BARFIELD, BOBBY S  
675 NW FLAGLER AVENUE  
SUITE 402  
STUART, FL 34994 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	P	Title	VP
Name	BARFIELD, BOBBY S	Name	BARFIELD, BOBBY S III
Address	675 NW FLAGLER AVENUE, SUITE 402	Address	675 NW FLAGLER AVENUE, SUITE 402
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994
Title	TREA	Title	SECY
Name	BARFIELD, BOBBY S	Name	BARFIELD, BOBBY S III
Address	675 NW FLAGLER AVENUE, SUITE 402	Address	675 NW FLAGLER AVENUE, SUITE 402
City-State-Zip:	STUART FL 34994	City-State-Zip:	STUART FL 34994

*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: BOBBY S BARFIELD JR.**

**PRESIDENT**

**01/27/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date