2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State
03-21-2007 90033 029 ***150.00

DOCUMENT # J10899

1. Entity Name
EMERALD COAST WATERPROOFING AND PAINTING, INC.

Principal Place of Business	Mailing Address
117 MOUNTAIN DRIVE DESTIN FL 32541 US	117 MOUNTAIN DRIVE DESTIN FL 32541 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
117 Mt Dr	Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin Fl	City & State
Zip: 32541 / Country: Okaloosa	Zip / Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2630365 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRAEMER, MARY K. 35 CLAYTON LANE SANTA ROSA BEACH FL 32459	Name: Same Name Street Address (P.O. Box Number is Not Acceptable): 4475 Legendary Dr Destin Fl City FL Zip Code 32541

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	DP BARNARD, CRAIG E ~~20 W DETRETAT~~ 534 Calhoun DESTIN FL 32541	☐ 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
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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: (Craig Barnard) 2·15·07 950·650·9960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #