2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063500

4516 HWY, 20E #209

NICEVILLE, FL 32578

Address: City-St-Zip:

Entity Name: EMERALD COAST LAWN CARE, INC.

FILED Mar 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4516 HWY 20 EAST #209 NICEVILLE, FL 32578 **Current Mailing Address: New Mailing Address:** PO BOX 802 SHALIMAR, FL 32579 FEI Number: 20-1026352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAASE, TED W 4516 HWY 20 EAST #209 NICEVILLE, FL 32578 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HAASE, TED W Name: Name: PO BOX 802 Address: Address: City-St-Zip: SHALIMAR, FL 32579 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: POWELL, JEFFREY Name: 4516 HWY 20 EAST, #209 Address: Address: NICEVILLE, FL 32578 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition FOURNIER, MARC Name: Name:

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

Address:

City-St-Zip:

SIGNATURE: TED HAASE PRES 03/15/2009