

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90077 011 ***150.00

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02202005 Chg-P CR2E034 (10/03)

DOCUMENT # F04000004194 1. Entity Name EMERALD COAST RECYCLING, INC.			
Principal Place of Business 400 SAINT ANDREWS LANE ALBERTVILLE, AL 35951		Mailing Address 400 SAINT ANDREWS LANE ALBERTVILLE, AL 35951	
2. Principal Place of Business 2311 Industrial Drive		3. Mailing Address 2311 Industrial Drive	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Panama City, FL		City & State Panama City, FL	
Zip 32405		Zip 32405	
Country 		Country 	
4. FEI Number 20-1348637		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MOSELEY, MARK W 2311 INDUSTRIAL DRIVE PANAMA CITY, FL 32405		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 WILSON, KYLE C 400 SAINT ANDREWS LANE ALBERTVILLE, AL 35951 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOSELEY, MARK W 2311 INDUSTRIAL DRIVE PANAMA CITY, FL 32405 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LIPTON, GEORGE H 52 PACES WEST ATLANTA, GA 30327 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kyle C. Wilson 2/25/05			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>