

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000004194

1. Entity Name
EMERALD COAST RECYCLING, INC.



Principal Place of Business
2311 INDUSTRIAL DRIVE
PANAMA CITY, FL 32405

Mailing Address
2311 INDUSTRIAL DRIVE
PANAMA CITY, FL 32405



03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1348637 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MOSELEY, MARK W
2311 INDUSTRIAL DRIVE
PANAMA CITY, FL 32405

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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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|-------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WILSON, KYLE C 400 SAINT ANDREWS LANE ALBERTVILLE, AL 35951 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV MOSELEY, MARK W 2311 INDUSTRIAL DRIVE PANAMA CITY, FL 32405 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 03/31/06 80832-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/06 850-769-1336
 Date Daytime Phone #