

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90097 049 \*\*\*150.00



**DOCUMENT # F04000004194**

1. Entity Name  
**EMERALD COAST RECYCLING, INC.**

Principal Place of Business <b>2311 INDUSTRIAL DRIVE PANAMA CITY, FL 32405</b>	Mailing Address <b>2311 INDUSTRIAL DRIVE PANAMA CITY, FL 32405</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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02222007 Chg-P CR2E034 (12/06)

City & State	City & State	4. FEI Number <b>20-1348637</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>MOSELEY, MARK W</b> <b>2311 INDUSTRIAL DRIVE</b> <b>PANAMA CITY, FL 32405</b>	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, KYLE C			NAME	Wilson, Kyle C		
STREET ADDRESS	400 SAINT ANDREWS LANE			STREET ADDRESS	2311 Industrial Drive		
CITY-ST-ZIP	ALBERTVILLE, AL 35951			CITY-ST-ZIP	Panama City, FL 32405		
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSELEY, MARK W			NAME			
STREET ADDRESS	2311 INDUSTRIAL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32405			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 Date Daytime Phone #