

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90093 020 ***150.00

DOCUMENT # L62026

1. Entity Name

EMERALD COAST COLLISION REPAIR, INC.



Principal Place of Business

16 INDUSTRIAL ST. NW
FT WALTON BEACH FL 32548

Mailing Address

16 INDUSTRIAL ST. NW
FT WALTON BEACH FL 32548

2. Principal Place of Business

129 Hollywood Blvd NE
Suite, Apt. #, etc.

3. Mailing Address

129 Hollywood Blvd NE
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Ft. Walton Bch, FL

City & State

Ft. Walton Bch, FL

4. FEI Number

59-2999057

Applied For

Not Applicable

Zip
32548

Country
USA

Zip
32548

Country
USA

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

POFF, LYNDON LLOYD
872 MANDE COURT
SHALIMAR FL 32579

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Lyndon L. Poff

Lyndon L. Poff

4/13/2004

(Signature, typed or printed name of registered agent and fee, if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 D ☐ Delete
NAME POFF, LYNDON LLOYD
STREET ADDRESS 872 MANDE COURT
CITY-ST-ZIP SHALIMAR FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME POFF, DIANE
STREET ADDRESS 872 MANDE COURT
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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 title empowered.

SIGNATURE

Lyndon L. Poff

Lyndon L. Poff, Director,

(850) 664-3762

4/13/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #