

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L62026

FILED
Mar 05, 2009
Secretary of State

Entity Name: EMERALD COAST COLLISION REPAIR, INC.

Current Principal Place of Business:

129 HOLLYWOOD BLVD. NE
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

129 HOLLYWOOD BLVD. NE
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-2999057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POFF, LYNDON LLOYD
872 MANDE COURT
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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:

Title: D/S () Delete
Name: POFF, LYNDON LLOYD,
Address: 872 MANDE COURT
City-St-Zip: SHALIMAR, FL

Title: VT () Delete
Name: POFF, DIANE
Address: 872 MANDE COURT
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DIANE POFF

VP

03/05/2009

Electronic Signature of Signing Officer or Director

Date