

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L62026

**FILED**  
**Jan 11, 2010**  
**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  
**Name:** POFF, LYNDON LLOYD  
**Address:** 872 MANDE COURT  
**City-St-Zip:** SHALIMAR, FL

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

I hereby 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 all other like empowered.

**SIGNATURE:** LYNDON L. POFF

PRES

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date