

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L69334

1. Entity Name  
EMERALD LANDCARE, INC.



Principal Place of Business  
7507 MIRACLE LN  
ODESSA, FL 33556

Mailing Address  
7507 MIRACLE LN  
ODESSA, FL 33556

2. Principal Place of Business  
7507 Miracle Ln  
Suite, Apt. #, etc.

3. Mailing Address  
7507 Miracle Ln. Odessa, FL 33556  
Suite, Apt. #, etc.

City & State  
Odessa FL.  
Zip  
33556  
Country  
USA

City & State  
Odessa FL.  
Zip  
33556  
Country  
USA

4. FEI Number  
65-0201760

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MYRICK, SHERRI L  
19409 HIAWTHA ROAD  
ODESSA, FL 33556

7. Name and Address of New Registered Agent

Name - SHERRI L. MYRICK  
Street Address (P.O. Box Number is Not Acceptable)  
19409 HIAWTHA RD.  
City Odessa FL Zip Code 33556

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

*Sherry Myrick, SHERRI MYRICK, Pres. 10/20/04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYRICK, SHERRI L 19409 HIAWATHA RD ODESSA, FL 33556	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100042120061 10/25/04--01006--016 **758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE:

*Sherry Myrick, SHERRI MYRICK, Pres 10/20/04 813 920 9141*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

04 OCT 25 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2004