

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000026517

1. Entity Name
EMERALD C DEVELOPMENT COMPANY, INC.



Principal Place of Business
**4766 HWY 280
BIRMINGHAM, AL 35242**

Mailing Address
**4766 HWY 280
BIRMINGHAM, AL 35242**



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2537110	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WARD, LORI ELLEN ESQ
607 HWY 98 E.
DESTIN, FL 32541**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST OSBORN, MARK E 4766 HIGHWAY 280 BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLEISHER, DAVID E 4766 HIGHWAY 280 BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSBORN, MARCUS B 4766 HWY 280 BIRMINGHAM, AL 35242
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IN THIS SPACE**

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 or 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 I am empowered.

SIGNATURE: _____ **Marcus Buster Osborn 4-24-2007 205-991-5035**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #