


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90021 014 \*\*\*150.00

<b>DOCUMENT # P01000109081</b>	
1. Entity Name <b>EMERALD COAST WASTE CONSULTING, INC.</b>	

Principal Place of Business <b>305 S. NEW WARRINGTON PENSACOLA, FL 32507</b>	Mailing Address <b>PO BOX 4627 PENSACOLA, FL 32507</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02162004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3758590</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BLANTON, LEANNE T 6019 SOMERS CT. DR. PENSACOLA, FL 32526</b>
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7. Name and Address of New Registered Agent	
Name <b>Leanne T Blanton</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6046 Electra Lane</b>	
City <b>Pensacola</b>	FL Zip Code <b>32507</b>

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: <b>Leanne T Blanton</b>	DATE: <b>2-25-04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BLANTON, LEANNE T 6019 SOMERSET DRIVE PENSACOLA, FL 32526 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BLANTON, LEANNE T 6019 SOMERSET DR. PENSACOLA, FL 32526 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLANTON, MARC 6019 SOMERSET DR. PENSACOLA, FL 32526 <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
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
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

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: <b>Leanne T Blanton</b>	DATE: <b>2-24-04</b> DAYTIME PHONE: <b>(850) 457-0330</b>