2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P01000109081 02-21-2005 90063 019 ***150.00 EMERALD COAST WASTE CONSULTING, INC. Mailing Address Principal Place of Business PO BOX 4627 305 S. NEW WARRINGTON 40020103 PENSACOLA, FL 32507 PENSACOLA, FL 32507 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02152005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3758590 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Leanne T. Blanton BLANTON, LEANNE T Street Address (P.O. Box Number is Not Acceptable) **6046 ELECTRA LANE** PENSACOLA, FL 32507 5105 Grumann Drive city Pensacola FL 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 2/15/05 SIGNATURE THEM (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS VSTD ☐ Change ☐ Addition TITLE TITLE Delete **BLANTON, LEANNE T** NAME NAME 6019 SOMERSET DRIVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP PENSACOLA, FL 32526 CITY-ST-7/P PHOC ☐ Delete mle Change ☐ Addition TITLE LeanneTBlanton. BLANTON, LEANNE T NAME 5105 Grumann Drive 6019 SOMERSET DR. STREET ADDRESS STREET ADDRESS Pensacola FL 32507 CITY-ST-ZIP PENSACOLA, FL 32526 CITY-ST-ZIF ٧P ☐ Delete TITLE Change ■ Addition TITLE marc K. Blanton BLANTON, MARC NAME NAME 5105 Grumann Drive Pensacola FL 32507 STREET ADDRESS 6019 SOMERSET DR STREET ADDRESS PENSACOLA, FL 32526 CITY - ST - ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE ☐ Change ☐ Addition TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP... CITY-ST-ZIP 12. I hereby certify that the information supplied with this fitting 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 suppliemental 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. Blanton

FILED

Feb 21, 2005 8:00 am