

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000012738

1. Entity Name
EMERALD COAST BUSINESS FORMS, INC.



Principal Place of Business

1455 CHAMPIONS GREEN DR.
GULF BREEZE, FL 32563

Mailing Address

PO BOX 1188
GULF BREEZE, FL 32562-1188



03262008 No Chg-P CR2E034 (11/05)

4. FEI Number
75-2988889

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCLENDON, KATRI L
1455 CHAMPIONS GREEN DR.
GULF BREEZE, FL 32563

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000871985
04/10/08-80021-003 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | PD |
| NAME | MCLENDON, JERRY W |
| STREET ADDRESS | 1455 CHAMPIONS GREEN DR. |
| CITY-ST-ZIP | GULF BREEZE, FL 32563 |
| TITLE | STD |
| NAME | MCLENDON, KATRI L |
| STREET ADDRESS | 1455 CHAMPIONS GREEN DR. |
| CITY-ST-ZIP | GULF BREEZE, FL 32563 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
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 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: Jerry W. McLeonon JERRY W. MCLENDON, President

3/26/2008 850-934-3335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #