2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022729

FILED Mar 14, 2007 Secretary of State

Entity Name: EMERALD ACRES EQUESTRIAN CENTER OF PANAMA CITY, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	IDENTIAL DR,			
TE 203 ACKSON	IVILLE, FL 322	07		
	lailing Addres		New Mailing Ad	dress:
	•	.	ito w intuining / ta	
560 PRU TE 203	IDENTIAL DR,			
ACKSON	IVILLE, FL 322	07		
El Number	: 01-0634112	FEI Number Applied For ()	FEI Number Not Applicable (() Certificate of Status Desired ()
ame and	d Address of C	urrent Registered Agent:	Name and Addr	ess of New Registered Agent:
660 PŔU TE 203	FREDERICK R IDENTIAL DR, IVILLE, FL 322	07 US		
	e named entity s e of Florida.	submits this statement for the	purpose of changing its regi	stered office or registered agent, or both,
the Stat	e of Florida.	submits this statement for the	purpose of changing its regi	stered office or registered agent, or both,
the Stat	e of Florida. ´ RE:	submits this statement for the		stered office or registered agent, or both, Date
the Stat	e of Florida. RE: Electron			
the State	e of Florida. RE: Electron	ic Signature of Registered Ag Trust Fund Contribution ().	ent	
the State GNATU ection Car FFICER elle: ame: ldress:	e of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signature of Registered Ag	ent	Date
the State	e of Florida. RE: Electron mpaign Financing S AND DIREC D () COTTONGIM, T 2870 TUPELO I PANAMA CITY,	ic Signature of Registered Ag Trust Fund Contribution (). TORS: Delete HEODORE J DR FL 32405 Delete NN DR	ADDITIONS/CHA Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORE J. COTTONGIM D 03/14/2007