

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90037 004 ***150.00

DOCUMENT # P02000040396

1. Entity Name
EMERALD COAST CONTRACTORS, INC.



Principal Place of Business 1229 Transmitter Rd
~~1810 TENNESSEE AVENUE~~
UNIT 1
~~LYNN HAVEN, FL 32444~~
Panama City, FL 32401

Mailing Address 1229 Transmitter Rd
~~1810 TENNESSEE AVENUE~~
UNIT 1
~~LYNN HAVEN, FL 32444~~
Panama City, FL 32401



2. Principal Place of Business - No P.O. Box #
1229 Transmitter Rd
Suite, Apt. #, etc.

3. Mailing Address
1229 Transmitter Rd
Suite, Apt. #, etc.

01182007 Chg-P CR2E034 (12/06)

City & State
Panama City FL
Zip
32401
Country
US

City & State
Panama City FL
Zip
32401
Country
US

4. FEI Number
27-0009632
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

APARICIO, SERGIO M
~~1810 TENNESSEE AVENUE~~
UNIT 1
~~LYNN HAVEN, FL 32444~~

7. Name and Address of New Registered Agent

Name Sergio Aparicio
Street Address (P.O. Box Number is Not Acceptable)
1229 Transmitter Rd
City Panama City FL Zip Code 32401

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 Sergio Aparicio DATE 1-23-07
(NOTE: Registered Agent signature required when reinstating)

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	P CASTLEMAN, MICHAEL A 1306 MASSACHUSETTS AVE LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTS <u>APARICIO</u> APARICIO, SERGIO 3341 NAUTICAL DR SOUTHPORT, FL 32409	<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
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
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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 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: Sergio Aparicio DATE 1-23-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #