


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000046004 1. Entity Name EMERALD COAST LAUNDRY & DRY CLEANING, INC.	
---	---

Principal Place of Business 3900 E 11TH STREET PANAMA CITY, FL 32401	Mailing Address 114 SANDALWOOD LANE PANAMA CITY BCH, FL 32413
--	---

DO NOT WRITE IN THIS SPACE



05082007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3653909	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAFDARI-SADALOO, JAVAD 114 SANDALWOOD LANE PANAMA CITY BCH, FL 32413	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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SAFDARI-SADALOO, JAVAD 114 SANDALWOOD LANE PANAMA CITY BCH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SAFDARI-SADALOO, SUSAN 114 SANDALWOOD LANE PANAMA CITY BCH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000763264
05/29/07-80049-014 150.00

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5/8/2007 850-769-0444
Date Daytime Phone #