

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90085 015 \*\*\*158.75



**DOCUMENT # P03000047843**

1. Entity Name

EMERALD COAST JANITORIAL & PAPER, INC.

Principal Place of Business

3910 WEST 23RD COURT  
 PANAMA CITY FL 32405  
 US

Mailing Address

POST OFFICE BOX 608  
 DOTHAN AL 36302  
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **86-1063488**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANDERVER, JAMES D  
 155 PARKSIDE DRIVE  
 ST. AUGUSTINE FL 32095

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*James D. Vanderver*

02-15-07

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P  
 NAME: NORTH CUTT, CHARLES W  Delete  
 STREET ADDRESS: 600 MONUMENT STREET  
 CITY- ST- ZIP: DOTHAN AL 36301

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

TITLE: S  Delete  
 NAME: LOFTIN, JAMES D JR.  
 STREET ADDRESS: 600 MONUMENT STREET  
 CITY- ST- ZIP: DOTHAN AL 36301

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

TITLE:  Change  Addition  
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 STREET ADDRESS:  
 CITY- ST- ZIP:

TITLE:  Delete  
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TITLE:  Change  Addition  
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 STREET ADDRESS:  
 CITY- ST- ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Charles W. Northcutt*

02-15-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #