2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2008 08:00 Al **DOCUMENT # P03000047843** Secretary of State 1. Entity Name EMERALD COAST JANITORIAL & PAPER, INC. Principal Place of Business Mailing Address POST OFFICE BOX 608 3910 WEST 23RD COURT PANAMA CITY, FL 32405 DOTHAN, AL 36302 US 03192008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 86-1063488 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VANDERVER, JAMES D DO NOT WRITE 155 PARKSIDE DRIVE ST. AUGUSTINE, FL 32095 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 aigneture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITE NORTHCUTT, CHARLES W NAME STREET ADDRESS **600 MONUMENT STREET** CITY-ST-7P **DOTHAN, AL 36301** TITLE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12: I hereby certify that the information supplied with this filling 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:

STREET ADDRESS

BONA TIRE AND TYPED OR PRINTED NAME OF BIOMENIG OFFICER OR DIRECTOR

03/24/2008

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FILED