

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094043

FILED
Aug 20, 2009
Secretary of State

Entity Name: EMERALD COAST DRY ICE, INC.

Current Principal Place of Business:

505 MOUNTAIN DR - UNIT J
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

505 MOUNTAIN DR - UNIT J
DESTIN, FL 32541

New Mailing Address:

FEI Number: 41-2113344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE, JULIE
53 21ST ST.
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

WADE, JULIE
606 GREENWOOD COVE E
NICEVILLE, FL 32578 US

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.

SIGNATURE:

08/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WADE, IRLDEAN
Address: 606 GREENWOOD COVE EAST
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: IRLDEAN WADE

OWNE

08/20/2009

Electronic Signature of Signing Officer or Director

Date