

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063500

Entity Name: EMERALD COAST LAWN CARE, INC.

FILED
Mar 16, 2006
Secretary of State

Current Principal Place of Business:

65 LAKE LORRAINE CIR
SHALIMAR, FL 32579

New Principal Place of Business:

PO BOX 802
SHALIMAR, FL 32579

Current Mailing Address:

65 LAKE LORRAINE CIR
SHALIMAR, FL 32579

New Mailing Address:

PO BOX 802
SHALIMAR, FL 32579

FEI Number: 20-1026352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAASE, TED W
65 LAKE LORRAINE CIR
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

HAASE, TED W
4516 HWY 20 EAST, #209
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:

03/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAASE, TED W
Address: 65 LAKE LORRAINE CIR
City-St-Zip: SHALIMAR, FL 32579

Title: V () Delete
Name: POWELL, JEFFREY
Address: 4231 COUGAR CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: ST () Delete
Name: FOURNIER, MARC
Address: 4516 HWY. 20E #209
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAASE, TED W
Address: PO BOX 802
City-St-Zip: SHALIMAR, FL 32579

Title: V (X) Change () Addition
Name: POWELL, JEFFREY
Address: 4516 HWY 20 EAST, #209
City-St-Zip: NICEVILLE, FL 32578

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARC FOURNIER

ST

03/16/2006

Electronic Signature of Signing Officer or Director

Date