

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063500

FILED  
Feb 01, 2007  
Secretary of State

Entity Name: EMERALD COAST LAWN CARE, INC.

## Current Principal Place of Business:

PO BOX 802  
SHALIMAR, FL 32579

## New Principal Place of Business:

4516 HWY 20 EAST #209  
NICEVILLE, FL 32578

## Current Mailing Address:

PO BOX 802  
SHALIMAR, FL 32579

## New Mailing Address:

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  
4516 HWY 20 EAST, #209  
NICEVILLE, FL 32578      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: TED HAASE

02/01/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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: TED HAASE

P

02/01/2007

Electronic Signature of Signing Officer or Director

Date