


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90180 004 ***150.00

DOCUMENT # P04000107671 1. Entity Name EMERALD COAST LANDSCAPING SERVICES, INC.																											
Principal Place of Business 701 DRIFTWOOD DRIVE LYNN HAVEN, FL 32444		Mailing Address 701 DRIFTWOOD DRIVE LYNN HAVEN, FL 32444																									
2. Principal Place of Business - No P.O. Box # 2617 S. Hwy 77 Suite, Apt. #, etc.		3. Mailing Address 2617 S. Hwy 77 Suite, Apt. #, etc.																									
City & State LYNN HAVEN, FL		City & State LYNN HAVEN, FL																									
Zip 32444	Country .	Zip 32444	Country .																								
4. FEI Number 03-0545998		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent FULLER, KIMBERLY M 701 DRIFTWOOD DRIVE LYNN HAVEN, FL 32444		7. Name and Address of New Registered Agent Name FULLER, KIMBERLY M Street Address (P.O. Box Number is Not Acceptable) 2336 CINCINNATI AVE City PANAMA CITY FL Zip Code 32405																									
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 <i>Kimberly M. Fuller</i> KIMBERLY M. FULLER 4/3/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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12. I hereby certify that the information supplied with this filing 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: <i>Kimberly M. Fuller</i> KIMBERLY M. FULLER		PSD-596-0228																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																									