

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081233

FILED
May 01, 2009
Secretary of State

Entity Name: TAKING CARE OF BUSINESS ON THE EMERALD COAST INC

Current Principal Place of Business:

135 EDGEWOOD TERRACE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

74 MOLL DR
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

135 EDGEWOOD TERRACE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

466 DEFUNIAK STREET
SANTA ROSA BEACH, FL 32459

FEI Number: 59-3807418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, LISA R
135 EDGEWOOD TERR
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

ROBINSON, LISA R
466 DEFUNIAK STREET
SANTA ROSA BEACH, FL 32459 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:

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ROBINSON, LISA R
Address: 135 EDGEWOOD TERRACE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: V () Delete
Name: ROBINSON, DONALD R
Address: 135 EDGEWOOD TERRACE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ROBINSON, LISA R
Address: 466 DEFUNIAK ST
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: V (X) Change () Addition
Name: ROBINSON, DONALD R
Address: 466 DEFUNIAK ST
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: LISA R ROBINSON

PSTD

05/01/2009

Electronic Signature of Signing Officer or Director

Date