


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90029 008 ***150.00

DOCUMENT # P06000054844 1. Entity Name PROPERTY PROFESSIONALS OF THE EMERALD COAST, INC.					
Principal Place of Business 810 N EGLIN PKWY UNIT 10 FT WALTON BCH, FL 32547			Mailing Address 810 N EGLIN PKWY UNIT 10 FT WALTON BCH, FL 32547		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4743429	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CLARK, ELIZABETH A 810 N EGLIN PKWY UNIT 10 FT WALTON BCH, FL 32547			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, ELIZABETH A 810 N EGLIN PKWY UNIT 10 FT WALTON BCH, FL 32547 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, GLORIA 2129 WATERTOWN PLACE CLARKSVILLE, TN 37043 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOOL, ASHLEY 11952 E. PARK LANE FRISCO, TX 75034 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1121 Twin Oaks Dr. Prosper, TX 75078	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLATTEN, MARY 10325 S. ROTHERWOOD CR. HIGHLANDS RANCH, CO 80130 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISS, SHIRLEY 1728 RAVENNA AVE. LOUISVILLE, OH 44641 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Elizabeth A. Clark</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-21-08 (850) 830-8842 <small>Date Daytime Phone #</small>		