

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054844

FILED  
Jan 30, 2009  
Secretary of State

**Entity Name:** PROPERTY PROFESSIONALS OF THE EMERALD COAST, INC.

**Current Principal Place of Business:**

810 N EGLIN PKWY UNIT 10  
FT WALTON BCH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

810 N EGLIN PKWY UNIT 10  
FT WALTON BCH, FL 32547

**New Mailing Address:**

PO BOX 1034  
FT WALTON BCH, FL 32549

**FEI Number:** 20-4743429

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, ELIZABETH A  
810 N EGLIN PKWY UNIT 10  
FT WALTON BCH, FL 32547 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CLARK, ELIZABETH A  
Address: 810 N EGLIN PKWY UNIT 10  
City-St-Zip: FT WALTON BCH, FL 32547

Title: D ( ) Delete  
Name: GARNER, GLORIA  
Address: 2129 WATERTOWN PLACE  
City-St-Zip: CLARKSVILLE, TN 37043

Title: D ( ) Delete  
Name: MCCOOL, ASHLEY  
Address: 1121 TWIN OAKS DR.  
City-St-Zip: PROSPER, TX 75078

Title: D ( ) Delete  
Name: SLATTEN, MARY  
Address: 10325 S. ROTHERWOOD CR.  
City-St-Zip: HIGHLANDS RANCH, CO 80130

Title: D ( ) Delete  
Name: CRISS, SHIRLEY  
Address: 1728 RAVENNA AVE.  
City-St-Zip: LOUISVILLE, OH 44641

**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:

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 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:** ELIZABETH A. CLARK

PD

01/30/2009

Electronic Signature of Signing Officer or Director

Date