

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90024 010 \*\*\*150.00

DOCUMENT # P06000097850

1. Entity Name

EMERALD COAST POOL CHEMICALS, INC.



Principal Place of Business  
P O BOX 273  
FOUNTAIN FL 32438

Mailing Address  
P O BOX 273  
FOUNTAIN FL 32438



2. Principal Place of Business - No P.O. Box #

17123 NORMA LANE

Suite, Apt. #, etc.

3. Mailing Address

PO Box 273

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Fountain Florida

City & State

Fountain Florida 34-20-66498

4. FEI Number

Applied For

Not Applicable

Zip

32438

Country

USA

Zip

32438

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, JOHN  
17123 NORMA LN  
FOUNTAIN FL 32438

7. Name and Address of New Registered Agent

Name

John & Stacy Wallace

Street Address (P.O. Box Number is Not Acceptable)

17123 NORMA LANE

City

Fountain

FL

Zip Code

32438

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

John D Wallace

John D Wallace

4/18/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME WALLACE, JOHN ☐ Delete  
STREET ADDRESS P O BOX 273  
CITY-ST-ZIP FOUNTAIN FL 32438

TITLE D  
NAME KUDRYAVTSEV, STACY ☐ Delete  
STREET ADDRESS P O BOX 273  
CITY-ST-ZIP FOUNTAIN FL 32438

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME STACY ANNE WALLACE ☒ Change ☐ Addition  
STREET ADDRESS PO Box 273  
CITY-ST-ZIP Fountain FL 32438

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John D Wallace John D WALLACE

Date

Daytime Phone #

4/18/07 850-9607722