

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000004177

**FILED**  
**Jan 28, 2008**  
**Secretary of State**

**Entity Name:** EMERALD COAST HOME IMPROVEMENT SERVICES INC

**Current Principal Place of Business:**

39 LAKE LORRAINE CIR  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

39 LAKE LORRAINE CIR  
SHALIMAR, FL 32579

**New Mailing Address:**

P.O. BOX 1114  
SHALIMAR, FL 32579

**FEI Number:** 20-8362855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TESTA, DAVID  
39 LAKE LORRAINE CIR  
SHALIMAR, FL 32579 US

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

TESTA, DAVID A MR.  
39 LAKE LORRAINE CIR  
SHALIMAR, FL 32579 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:** DAVID A. TESTA

01/28/2008

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** TESTA, DAVID  
**Address:** 39 LAKE LORRAINE CIR  
**City-St-Zip:** SHALIMAR, FL 32579

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** CEO (X) Change ( ) Addition  
**Name:** TESTA, DAVID A MR.  
**Address:** 39 LAKE LORRAINE CIR  
**City-St-Zip:** SHALIMAR, FL 32579

**Title:** COO ( ) Change (X) Addition  
**Name:** TESTA, DAVID J MR.  
**Address:** 5415 JOSH DRIVE  
**City-St-Zip:** CRESTVIEW, FL 32536

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:** DAVID A. TESTA

CEO

01/28/2008

Electronic Signature of Signing Officer or Director

Date