

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000017908

FILED
Jan 31, 2008
Secretary of State

Entity Name: MAINS, INC. FOR THE EMERALD COAST

Current Principal Place of Business:

603 PINE CONE COVE
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 97
NICEVILLE, FL 325880097

New Mailing Address:

FEI Number: 59-3301356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, BRET
THE MOORE LAW FIRM
135 E JOHN SIMS PARKWAY
NICEVILLE, FL 32578 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: DST () Delete
Name: MAINS, JOAN-LOIS
Address: 603 PINE CONE COVE
City-St-Zip: NICEVILLE, FL

Title: DP () Delete
Name: MAINS, DAVID R
Address: 603 PINE CONE COVE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: KATHLEEN, MAINS
Address: 618 CAMELLIA TRACE DRIVE
City-St-Zip: MARYVILLE, TN 37801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: MAINS, JOAN-LOIS
Address: 603 PINE CONE COVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: DP (X) Change () Addition
Name: MAINS, DAVID R
Address: 603 PINE CONE COVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: D (X) Change () Addition
Name: KATHLEEN, MANLEY
Address: 1528 FOOLISH PLEASURE LANE
City-St-Zip: KNOXVILLE, TN 37931 US

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 R. MAINS

PRES

01/31/2008

Electronic Signature of Signing Officer or Director

Date