


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90201 029 ***158.75

DOCUMENT # P95000067219	
1. Entity Name EMERALD LAKE MINE, INC.	

Principal Place of Business 3635 US HWY 92 EAST LAKELAND, FL 33801	Mailing Address P.O. BOX 1269 EATON PARK, FL 33840
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DO NOT WRITE IN THIS SPACE

40000000



03302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3338372	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRIFF, SUZZANE <i>Butner, Suzzane A</i> 3828CHEUERLY RD W LAKELAND, FL 33813 <i>Got Married</i>
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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 *P.A. Butner* DATE *4-18-07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIFF, SUZZANE <i>Butner, Suzzane A.</i> P.O. BOX 1269 EATON PARK, FL 33840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUTNER, TED P.O BOX 1269 EATON PARK, FL 33840
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

Got Married

DO NOT WRITE IN THIS SPACE

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: *P.A. Butner* DATE *4-18-07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #