

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000071095

FILED  
Jan 31, 2007  
Secretary of State

Entity Name: KATIE-KORP OF THE EMERALD COAST, INC.

**Current Principal Place of Business:**

603 PINE CONE COVE  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1271  
NICEVILLE, FL 325881271

**New Mailing Address:**

FEI Number: 59-3586444      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: MAINS, KATIE  
Address: 618 CAMELLIA TRACE DRIVE  
City-St-Zip: MARYVILLE, TN 37801

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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

01/31/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date