

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000071095

FILED
Apr 01, 2009
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: MANLEY, KATIE
Address: 1528 FOOLISH PLEASURE LANE
City-St-Zip: KNOXVILLE, TN 37931

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: MANLEY, KATIE
Address: 2205 NEW GARDEN RD, APT 4114
City-St-Zip: GREENSBORO, NC 27410

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

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

04/01/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date