

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000086519

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** EMERALD LANDSCAPE & DESIGN, INC.

**Current Principal Place of Business:**

102 E NEW HAVEN AVE.  
PMB 147  
MELBOURNE, FL 32901

**New Principal Place of Business:**

480 BARNES BLVD.  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

102 E NEW HAVEN AVE.  
PMB 147  
MELBOURNE, FL 32901

**New Mailing Address:**

480 BARNES BLVD.  
ROCKLEDGE, FL 32955

**FEI Number:** 59-3606462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KALMAN, ANTHONY V  
102 E NEW HAVEN AVE.  
PMB 147  
MELBOURNE, FL 32901 US

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

KALMAN, ANTHONY V  
480 BARNES BLVD.  
ROCKLEDGE, FL 32955 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/14/2011

Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: KALMAN, ANTHONY V PRESIDE  
Address: 480 BARNES BLVD.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: MRS  
Name: KALMAN, HSIN M VP  
Address: 480 BARNES BLVD.  
City-St-Zip: ROCKLEDGE, FL 32955

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY V. KALMAN

Electronic Signature of Signing Officer or Director

MR.

02/14/2011

Date