

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90019 022 ***150.00

DOCUMENT # S36322

1. Entity Name

EMERALD GROUNDS MAINTENANCE, INC.



Principal Place of Business

4770 110TH AVE N
UNIT 1
CLEARWATER FL 34620
US

Mailing Address

PO BOX 17386
CLEARWATER FL 33762
US



2. Principal Place of Business - No P.O. Box #

4770 110th Ave N

Suite, Apt. #, etc.

Unit 1

City & State

Clearwater FL

Zip

33162

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3054049

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, CHRISTOPHER D
4770 110TH AVE. N.#1
CLEARWATER FL 33162

7. Name and Address of New Registered Agent

Name

THOMPSON CHRISTOPHER D

Street Address (P.O. Box Number is Not Acceptable)

4770 110th Ave N #1

City

CLEARWATER

FL

Zip Code

33162

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME THOMPSON, CHRISTOPHER D. ☐ Delete
STREET ADDRESS 4770 110TH AVE N #1
CITY ST / ZIP CLEARWATER FL 33762

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST / ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST / ZIP

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CITY ST / ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST / ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST / ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST / ZIP

TITLE ☐ Change ☐ Addition
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CITY ST / ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER THOMPSON

DATE

3/21/07

Daytime Phone #

727-

555-4000