


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90194 031 \*\*\*150.00

<b>DOCUMENT # S36322</b> 1. Entity Name EMERALD GROUNDS MAINTENANCE, INC.	
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Principal Place of Business 4770 110TH AVE N UNIT 1 CLEARWATER, FL 33762 US	Mailing Address PO BOX 17386 CLEARWATER, FL 33762 US
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05092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3054049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 12, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD THOMPSON, CHRISTOPHER D. 4770 110TH AVE N#1 CLEARWATER, FL 33762
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**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:** \_\_\_\_\_

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/08 127 572 4112  
Date Daytime Phone #