

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L62026

**Entity Name:** EMERALD COAST COLLISION REPAIR, INC.

**Current Principal Place of Business:**

129 HOLLYWOOD BLVD. NE  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

129 HOLLYWOOD BLVD. NE  
FORT WALTON BEACH, FL 32548

**FEI Number:** 59-2999057

**Certificate of Status Desired:** No

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

POFF, LYNDON L  
872 MANDE COURT  
SHALIMAR, FL 32579 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD/S  
Name POFF, LYNDON L  
Address 872 MANDE COURT  
City-State-Zip: SHALIMAR FL 32579

Title VT  
Name POFF, DIANE  
Address 872 MANDE COURT  
City-State-Zip: SHALIMAR FL 32579

*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:** DIANE A. POFF

VP

02/26/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date