


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000078353

1. Entity Name
EMERALD CONSTRUCTION GROUP, INC.



Principal Place of Business
24165 RED ROBIN DR
BONITA SPRINGS, FL 34135

Mailing Address
24165 RED ROBIN DR
BONITA SPRINGS, FL 34135

DO NOT WRITE IN THIS SPACE



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number
47-0877617

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRAZELTON, SCOTT E
24165 RED ROBIN DR.
BONITA SPRINGS, FL 34135

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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 \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRAZELTON, SCOTT E
STREET ADDRESS	24165 RED ROBIN DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	VP
NAME	FERRELL, JEFF
STREET ADDRESS	18220 PARKRIDGE CT.
CITY-ST-ZIP	FT. MTERS, FL 33908
TITLE	SEC
NAME	BRAZELTON, SCOTT E
STREET ADDRESS	24165 RED ROBIN DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	CEO
NAME	BRAZELTON, SCOTT E
STREET ADDRESS	24165 RED ROBIN DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	LAB
NAME	BRAZELTON, SCOTT E
STREET ADDRESS	24165 RED ROBIN DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	TRES
NAME	BRAZELTON, DONALD L
STREET ADDRESS	25440 PINSON
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

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IN THIS SPACE**

03/05/05-80004-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another I am empowered.

SIGNATURE: Scott E. Brazelton 3/3/05 239-947-4454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #