

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000093956	
1. Entity Name EMERALD COAST LEADERSHIP ASSOCIATES, INC.	
Principal Place of Business 5168 POINT SHORE LN GULF BREEZE, FL 32563	Mailing Address 5168 POINT SHORE LN GULF BREEZE, FL 32563



DO NOT WRITE IN THIS SPACE

01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 27-0065706	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, LEONARD E
5168 POINT SHORE LN
GULF BREEZE, FL 32563

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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 NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, LEONARD E 5168 POINT SHORES LANE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARNLEY, JOSEPH 123 COUNTRY CLUB DR. W DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

Leonard E. Williams Leonard E. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #