

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

05-04-2005 90175 047 ***150.00

DOCUMENT # P04000094978

1. Entity Name
EMERALD COAST DEVELOPMENT & CONSULTING INC



Principal Place of Business
**263 LAIRD CIRCLE
PANAMA CITY BEACH, FL 32408**

Mailing Address
**263 LAIRD CIRCLE
PANAMA CITY BEACH, FL 32408**

66023419



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number **20-1275112** ☐ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PASCUAL, JOHN JR
263 LAIRD CIRCLE
PANAMA CITY BEACH, FL 32408**

Name

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

City

FL

Zip Code

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 renewing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P S** ☐ Delete
NAME: **PASCUAL, JOHN JR**
STREET ADDRESS: **263 LAIRD CIRCLE**
CITY-ST-ZIP: **PANAMA CITY BEACH, FL 32408**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **VP T** ☐ Delete
NAME: **PASCUAL, ANGELA R**
STREET ADDRESS: **263 LAIRD CIRCLE**
CITY-ST-ZIP: **PANAMA CITY BEACH, FL 32408**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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: *Angela Pascual*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

Date

Daytime Phone #