2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 02, 2004 8:00 am Secretary of State **DOCUMENT # P94000053964** 1. Entity Name 03-02-2004 90006 018 ***150.00 EMERALD COAST FABRICATION, INC. Principal Place of Business Mailing Address 530 SKYVIEW DRIVE PANAMA CITY BEACHFE 92408 US 44014483 PANAMA CITY BEACH FL 92408 2. Principal Place of Business 3. Mailing Address CR2E034 (11/03) 4. FEI Number Applied For 59-3255905 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen TATANISH, WENDY 8013 SURF DR PANAMA CITY BEACH FL 32408 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the obligations of registered agent. Signature, typed or prin (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition TATANISH, JAMES NAME STREET ADDRESS 500 SKYVIEW DR STREET ADDRESS P<u>anama City be</u>a CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Delete. THIE Change Addition NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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:** G OFFICER OR DIRECTOR

FILED