


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90014 020 ***150.00

DOCUMENT # P95000014664	
1. Entity Name EMERALD BEACH MOTEL, INC.	

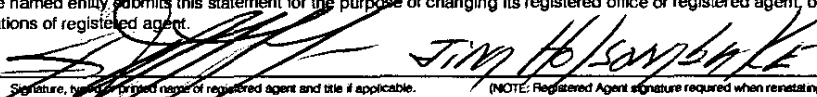
Principal Place of Business 14701 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413	Mailing Address 14701 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413
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2. Principal Place of Business 604 WOOD TRAIL	3. Mailing Address 604 WOOD TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PANAMA CITY, FL	City & State PANAMA CITY, FL	4. FEI Number 59-3295480	Applied For Not Applicable
Zip 32405	Country	Zip 32405	Country

8. Name and Address of Current Registered Agent HOLSOMBAKE, JIM 14701 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413		7. Name and Address of New Registered Agent Name HOLSOMBAKE, JIM Street Address (P.O. Box Number is Not Acceptable) 604 WOOD TRAIL City PANAMA CITY FL Zip Code 32405	
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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:  **JIM HOLSOMBAKE** DATE: **5/25/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOIKOS, JAMES B 14705 W. HIGHWAY 98 PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 304 N. 19th STREET BESSEMER, AL 35020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOIKOS, NICHOLAS 14705 W. HIGHWAY 98 PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 304 N. 19th STREET BESSEMER, AL 35020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLSOMBAKE, JIM 14701 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 604 WOOD TRAIL PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **JIM HOLSOMBAKE** DATE: **5/25/04** (850) 892-0330

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



05182004 Chg-P CR2E034 (10/03)