

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000014664

FILED
Mar 18, 2009
Secretary of State

Entity Name: EMERALD BEACH MOTEL, INC.

Current Principal Place of Business:

2205-A GRANT AVENUE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

2205-A GRANT AVENUE
PANAMA CITY, FL 32405

New Mailing Address:

604 WOOD TRAIL
PANAMA CITY, FL 32405

FEI Number: 59-3295480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLSOMBAKE, JAMES D
604 WOOD TRAIL
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOIKOS, JAMES B
Address: 304 N. 19TH STREET
City-St-Zip: BESSEMER, AL 35020

Title: D () Delete
Name: KOIKOS, NICHOLAS
Address: 304 N. 19TH STREET
City-St-Zip: BESSEMER, AL 35020

Title: D () Delete
Name: HOLSOMBAKE, JIM
Address: 604 WOOD TRAIL
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: KOIKOS, JAMES B
Address: 304 N. 19TH STREET
City-St-Zip: BESSEMER, AL 35020

Title: T (X) Change () Addition
Name: KOIKOS, NICHOLAS W
Address: 304 N. 19TH STREET
City-St-Zip: BESSEMER, AL 35020

Title: P&S (X) Change () Addition
Name: HOLSOMBAKE, JAMES D
Address: 604 WOOD TRAIL
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D. HOLSOMBAKE

P&S

03/18/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date