

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000019943**

1. Entity Name  
**EMERALD COAST ENTERPRISES, INC.**



Principal Place of Business  
**2313 MAGNOLIA DRIVE  
PANAMA CITY BEACH, FL 32408**

Mailing Address  
**2313 MAGNOLIA DRIVE  
PANAMA CITY BEACH, FL 32408**



04032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2259742**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEDMAN, THOMAS W  
LEDMAN & HAMM, P.A.  
1007 JENKS AVENUE  
PANAMA CITY, FL 32401**

**DO NOT WRITE  
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	P
NAME	LARK, S.P.
STREET ADDRESS	2313 MAGNOLIA DRIVE
CITY-STATE-ZIP	PANAMA CITY, FL 32408
TITLE	VP
NAME	SMITH, GREG
STREET ADDRESS	P.O BOX 1594
CITY-STATE-ZIP	BUFORD, GA 30515
TITLE	S
NAME	NUMPHRIES, LEON
STREET ADDRESS	P.O BOX 969
CITY-STATE-ZIP	NORCROSS, GA 30091
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1100000288610  
04/05/05-80016-021 150.00

**DO NOT WRITE  
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, the empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/3/05 (850) 896-5950**