


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000000056</b> 1. Entity Name EMERALD STAR CASINO AND RESORTS, INC.	
---	---

Principal Place of Business 8285 30TH AVE N SAINT PETERSBURG, FL 33710	Mailing Address 8285 30TH AVE N SAINT PETERSBURG, FL 33710
--	--



02192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 91-2000820	Applied For Not Applicable
-----------------------------	-------------------------------

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

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

CATO, CHARLES R  
8285 30TH AVE N  
SAINT PETERSBURG, FL 33710

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000085076  
03/11/04-80033-011 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C CATO, WILLIAM M 8285 30TH AVE N SAINT PETERSBURG, FL 33710
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CATO, CHARLES 8285 30TH AVE N SAINT PETERSBURG, FL 33710
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPOM ARQUITT, BRIAN 8285 30TH AVE N SAINT PETERSBURG, FL 33710
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ARQUITT, BRIAN 8285 30TH AVE N SAINT PETERSBURG, FL 33710
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

**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)(f), 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:**

*Charles Cato* *Charles Cato* 3-8-04 727-343-7532  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #