

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90238 040 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |                                                                                                                        |                                                                                                                                                                                        |                                                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F00000000056</b><br>1. Entity Name<br><b>EMERALD STAR CASINO AND RESORTS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                                                                        |                                                                                                                                                                                        |                                                                              |  |
| Principal Place of Business<br><b>8285 30TH AVE N<br/>SAINT PETERSBURG, FL 33710</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                                                                        | Mailing Address<br><b>8285 30TH AVE N<br/>SAINT PETERSBURG, FL 33710</b>                                                                                                               |                                                                              |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 | 3. Mailing Address                                                                                                     |                                                                                                                                                                                        |                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 | Suite, Apt. #, etc.                                                                                                    |                                                                                                                                                                                        |                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 | City & State                                                                                                           |                                                                                                                                                                                        |                                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                         | Zip                                                                                                                    | Country                                                                                                                                                                                |                                                                              |  |
| 4. FEI Number<br><b>91-2000820</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                 |                                                                              |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                                                                        | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                  |                                                                              |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |                                                                                                                        | 7. Name and Address of New Registered Agent                                                                                                                                            |                                                                              |  |
| <b>CATO, CHARLES R<br/>8285 30TH AVE N<br/>SAINT PETERSBURG, FL 33710</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                                                                                                        | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                              |  |
| 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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)<br><small>Signature, typed or printed name of registered agent and fee if applicable. DATE</small>                                                                                                                                                                                                                                 |                                                 |                                                                                                                        |                                                                                                                                                                                        |                                                                              |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                        |                                                                              |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                 |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                  |                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | C <input checked="" type="checkbox"/> Delete    |                                                                                                                        | TITLE                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>CATO, WILLIAM M</b>                          |                                                                                                                        | NAME                                                                                                                                                                                   |                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>8285 30TH AVE N</b>                          |                                                                                                                        | STREET ADDRESS                                                                                                                                                                         |                                                                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SAINT PETERSBURG, FL 33710</b>               |                                                                                                                        | CITY-ST-ZIP                                                                                                                                                                            |                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P <input type="checkbox"/> Delete               |                                                                                                                        | TITLE                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>CATO, CHARLES</b>                            |                                                                                                                        | NAME                                                                                                                                                                                   |                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>8285 30TH AVE N</b>                          |                                                                                                                        | STREET ADDRESS                                                                                                                                                                         |                                                                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SAINT PETERSBURG, FL 33710</b>               |                                                                                                                        | CITY-ST-ZIP                                                                                                                                                                            |                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VPOM <input checked="" type="checkbox"/> Delete |                                                                                                                        | TITLE                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>ARQUITT, BRIAN</b>                           |                                                                                                                        | NAME                                                                                                                                                                                   |                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>8285 30TH AVE N</b>                          |                                                                                                                        | STREET ADDRESS                                                                                                                                                                         |                                                                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SAINT PETERSBURG, FL 33710</b>               |                                                                                                                        | CITY-ST-ZIP                                                                                                                                                                            |                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ST <input checked="" type="checkbox"/> Delete   |                                                                                                                        | TITLE                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>ARQUITT, BRIAN</b>                           |                                                                                                                        | NAME                                                                                                                                                                                   |                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>8285 30TH AVE N</b>                          |                                                                                                                        | STREET ADDRESS                                                                                                                                                                         |                                                                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SAINT PETERSBURG, FL 33710</b>               |                                                                                                                        | CITY-ST-ZIP                                                                                                                                                                            |                                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                 |                                                                                                                        | TITLE                                                                                                                                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                                                                        | NAME                                                                                                                                                                                   | <b>W. MARVIN CATO</b>                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |                                                                                                                        | STREET ADDRESS                                                                                                                                                                         | <b>9441 Grove Trail Lane</b>                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                        | CITY-ST-ZIP                                                                                                                                                                            | <b>GERMANTOWN, TN 38139 U.P.</b>                                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                 |                                                                                                                        | TITLE                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                                                                                                        | NAME                                                                                                                                                                                   |                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |                                                                                                                        | STREET ADDRESS                                                                                                                                                                         |                                                                              |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                                                                                                        | CITY-ST-ZIP                                                                                                                                                                            |                                                                              |  |
| 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: <b>CHARLES CATO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |                                                                                                                        | 4-2005 707-343-7532<br><small>Date Daytime Phone #</small>                                                                                                                             |                                                                              |  |