

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H00267

FILED
Feb 04, 2004
Secretary of State

Entity Name: EMERALD COAST INVESTMENTS, INC.

Current Principal Place of Business:

% JOHN P. TOWNSEND
142 EGLIN PKWAY SE
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

% JOHN P. TOWNSEND
142 EGLIN PKWAY SE
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-2401064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, JOHN P.
142 EGLIN PKWAY SE
FT. WALTON BEACH, FL 32548 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: DT () Delete
Name: BARKER, GENE G.,
Address: 908 WOODBRIAR COURT
City-St-Zip: FT. WALTON BCH, FL

Title: DS () Delete
Name: TOWNSEND, JOHN P.,
Address: 142 EGLIN PKWY SE
City-St-Zip: FT. WALTON BCH, FL

Title: D () Delete
Name: GARNER, BRUCE,
Address: PSC 303 BOX 42
City-St-Zip: APO, AP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GARNER, BRUCE,
Address: 6 NEPTUNE COURT NW
City-St-Zip: FT. WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN P. TOWNSEND

DS

02/04/2004

Electronic Signature of Signing Officer or Director

_____ Date