


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90415 011 ***150.00

DOCUMENT # H17125 1. Entity Name EMERALD COAST BEACH SERVICE, INC.	
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Principal Place of Business 326 MOUNTAIN DRIVE PO BOX 1172 DESTIN FL 32541	Mailing Address 326 MOUNTAIN DRIVE PO BOX 1172 DESTIN FL 32541
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2. Principal Place of Business	3. Mailing Address PO BOX 1172
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State Destin FL
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Zip	Country	Zip 32540	Country OK 210012
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MOORE	CR2E034 (11/03)
4. FEI Number 59-2502381	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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WILSON, RANDY 415 GULF SHORE DR. DESTIN FL 32541	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State FL

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 <i>Randy Wilson</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4-2-04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS WILSON, RANDY 415 GULF SHORE DR. DESTIN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Randy Wilson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4-2-04 Daytime Phone # 850 837 7025