2005 FOR PROFIT CORPORATION ANNUAL, REPORT (AR)

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DOCUMENT # H17125 1. Entity Name				Sep 16, 2005 08:00 AN Secretary of State	VI
EMERALI	D COAST BEACH SERVICE,	INC.			
Principal Plac	e of Business	Mailing Address	, , , , , , , , , , , , , , , , , , , ,	_	
326 MOUNTAIN DRIVE		PO BOX 1172			
PO BOX 11 DESTIN FL		DESTIN FL 32541			
2. Principal Place of Business		3. Mailing Address		TO CAMERO END UNIT (SEED UNIT MILES MILE SINI MINI SINI MINI SINI MINI MINI SINI MINI M	=)
Suite, Apt. #, etc.		Suite, Apt #, etc.		2nd MOORE CR2E034 (5/05)	
City & Stat	te	City & State		4. FEI Number 59-2502381 Applied Fo	
Zip	Country	Zip	Country	5. Certificate of Status Desired 55. Status Desired Fee Required	capie
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
			Name		
WILSON, RANDY 415 GULF SHORE DR. DESTIN FL 32541			Street Addres	ss (P.O. Box Number is Not Acceptable)	
	311N F.L. 32341				
			City	FL Zip Code	
8. The above	named entity submits this statement for tions of registered agent.	of the purpose of changing its r	egistered office or regis	stered agent, or both, in the State of Florida I am familiar with, and ac	cept
ine obligat	1/2/1/1/20	-	4		
SIGNATURE.	Signature, typed or profes name of registered agent	and title dispolicable (NOTE	Registered Agent signature requ	uried when reinstating) DATE	
l .	ILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005	5.607.193(2)(b), F	S., allows for the waive	i y Flaction Campaign Financing Sh (N) (4)	
		. late fee By check	and this box, the corpor		
	k Payable to Florida Department o	late fee By check f State did not receive pr	ing this box, the corpor rior notice. Fee to file is	Trust Fund Contribution Added to Se	
		State did not receive pr		Trust Fund Contribution Added to Se	
Make Check	k Payable to Florida Department o OFFICERS AND PTS	State did not receive pr	rior notice. Fee to file is	\$150.00. Added to Fe	es
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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.

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