


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # J29261					
1. Entity Name EMERALD COAST RV & GOLF RESORT, INC.					
Principal Place of Business 102 BAYTREE DR. DESTIN FL 32550 US			Mailing Address 102 BAYTREE DR. DESTIN FL 32550 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent HESS, GLENN L. 9108 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when terminating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	U000000196061	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	AULD, JAMES		NAME	01/26/05-80054-014 150.00	
STREET ADDRESS	3 SOUTH BRAY FORD COURT		STREET ADDRESS		
CITY- ST- ZIP	BLUFFTON SC 29910		CITY- ST- ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	AULD, ROSEMARY		NAME		
STREET ADDRESS	3 SOUTH BRAYFORD COURT		STREET ADDRESS		
CITY- ST- ZIP	BLUFFTON SC 29910		CITY- ST- ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MOORE, C. EUGENE		NAME		
STREET ADDRESS	102 BAYTREE DR		STREET ADDRESS		
CITY- ST- ZIP	DESTIN FL 32550		CITY- ST- ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MOORE, ROSALIND		NAME		
STREET ADDRESS	102 BAYTREE DR		STREET ADDRESS		
CITY- ST- ZIP	DESTIN FL 32550		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2720563 Applied For Not Applicable

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

7. Name and Address of New Registered Agent

9. Election Campaign Financing \$5.00 May 2 Trust Fund Contribution. ☐ Added to Fees

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] 1/18/05 800-585-1607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #