


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90006 003 ***150.00

DOCUMENT # J85793 1. Entity Name EMERALD HARBOUR OF JUPITER, INC.	
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Principal Place of Business EMERALD HARBOUR OF JUPITER, INC. 658 W. INDIANTOWN RD, SUITE 211 JUPITER, FL 33458	Mailing Address EMERALD HARBOUR OF JUPITER, INC. P.O. BOX 3967 TEQUESTA, FL 33469
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DO NOT WRITE IN THIS SPACE

02282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0047006	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent INGRAM, WILLIAM T., SR 11130 SE FEDERAL HWY HOBE SOUND, FL 33455

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HELM, JAMES 8297 SE COUNTRY EST WAY JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HELM INGRAM, KIM 8297 SE COUNTRY EST WAY JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kim Ingram Hel Kim Helm 3/2/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #