

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90759 032 ***150.00

DOCUMENT # L67512

1. Entity Name
FINANCE AMERICA OF THE EMERALD COAST, INC.



Principal Place of Business
P.O. BOX 276
MILLIGAN, FL 32537

Mailing Address
P.O. BOX 276
MILLIGAN, FL 32537

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3009170

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAUNDERS, GEORGE R
5040 GALLIVER CUTOFF
BAKER, FL 32531

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SAUNDERS, GEORGE R
STREET ADDRESS	5040 GALLIVER CUTOFF
CITY-ST-ZIP	BAKER, FL 32531
TITLE	V
NAME	MCBAY, DEBORAH
STREET ADDRESS	5040 BALLIVER CUTOFF
CITY-ST-ZIP	BAKER, FL 32531
TITLE	ST
NAME	SAUNDERS, JOHN
STREET ADDRESS	5837 HUNTING MEADOWS DR
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #