


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

05-07-2008 90112 013 ***150.00

DOCUMENT # L67512 1. Entity Name FINANCE AMERICA OF THE EMERALD COAST, INC.	
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Principal Place of Business 5040 GALLIVER CUTOFF BAKER, FL 32531	Mailing Address 5040 GALLIVER CUTOFF BAKER, FL 32531
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66013246



02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3009170	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 SAUNDERS, GEORGE R 5040 GALLIVER CUTOFF BAKER, FL 32531
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**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: George R. Saunders DATE: 4-18-08
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAUNDERS, GEORGE R 5040 GALLIVER CUTOFF BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCBAY, DEBORAH 5040 GALLIVER CUTOFF BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAUNDERS, JOHN 5837 HUNTING MEADOWS DR CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: George R. Saunders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/18/08 850-537-4175