2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005
Secretary of State

DOCUMENT# N00000000525

Entity Name: EMERALD COAST COMETS, INC.

Current Principal Place of Business:

P.O. BOX 4686
FORT WALTON BEACH, FL 32549

New Principal Place of Business:

2651 ADRIAAN CT
SHALIMAR, FL 32579

Current Mailing Address:

P.O. BOX 4686
FORT WALTON BEACH, FL 32549

New Mailing Address:

2651 ADRIAAN CT
SHALIMAR, FL 32579

FEI Number: 59-3621658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DIXON, DIANA
151 MARY ESTHER BLVD., SUITE 305
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

DODGE, KRIS
2651 ADRIAAN CT
SHALIMAR, FL 32579 US

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.

SIGNATURE: KRIS E. DODGE 05/18/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPT ( ) Delete
Name: HINESLEY, RANDY
Address: 103 NW HIGHLAND DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: T ( ) Delete
Name: COPELAND, KATHLYN
Address: 3161 HAYLEE LANE
City-St-Zip: CRESTVIEW, FL 32539

Title: PD ( ) Delete
Name: BRUNER, WANDA D
Address: 15 INDIAN BAYOU DRIVE
City-St-Zip: DESTIN, FL 32541

Title: S ( ) Delete
Name: DODGE, DINA
Address: 2651 ADRIAAN CT
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DODGE, KRIS
Address: 2651 ADRIAAN CT
City-St-Zip: SHALIMAR, FL 32579

Title: T (X) Change ( ) Addition
Name: CLAXTON, SHANNON
Address: 118 GARDNER DR
City-St-Zip: SHALIMAR, FL 32579

Title: VP (X) Change ( ) Addition
Name: GAINES, TROY
Address: 840 TANAGER RD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRIS E. DODGE MR 05/18/2005
Electronic Signature of Signing Officer or Director Date