

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000525

FILED  
Apr 05, 2006  
Secretary of State

Entity Name: EMERALD COAST COMETS, INC.

## Current Principal Place of Business:

2651 ADRIAAN CT  
SHALIMAR, FL 32579

## New Principal Place of Business:

956 RUE DE PALMS  
NICEVILLE, FL 32578

## Current Mailing Address:

2651 ADRIAAN CT  
SHALIMAR, FL 32579

## New Mailing Address:

956 RUE DE PALMS  
NICEVILLE, FL 32578

FEI Number: 59-3621658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DODGE, KRIS  
2651 ADRIAAN CT  
SHALIMAR, FL 32579 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

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: STRODE, JEFFREY  
Address: 956 RUE DE PALMS  
City-St-Zip: NICEVILLE, FL 32578

Title: T (X) Change ( ) Addition  
Name: STRODE, RHONDA  
Address: 956 RUE DE PALMS  
City-St-Zip: NICEVILLE, FL 32578

Title: VP (X) Change ( ) Addition  
Name: WATSON, TATE  
Address: 45 FLAMINGO DR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S (X) Change ( ) Addition  
Name: STRODE, JEFFREY  
Address: 956 RUE DE PALMS  
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JEFFREY L. STRODE

PRES

04/05/2006

Electronic Signature of Signing Officer or Director

Date