


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000003987 1. Entity Name EMERALD COAST BUSINESS CENTER OWNERS ASSOCIATION INC.	
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Principal Place of Business 34894 EMERALD COAST PKWY, STE. A DESTIN, FL 32541	Mailing Address P.O. BOX 6773 DESTIN, FL 32550
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DO NOT WRITE IN THIS SPACE



03292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3724642	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCGILL, ROBERT E III 36008 EMERALD COAST PKWY., STE. 301 DESTIN, FL 32541	DO NOT WRITE IN THIS SPACE
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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


Filing Fee is \$61.25 Due by May 1, 2005	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	D KING, JOHN A 4101 INDIAN BAYOU NORTH DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, DAVID A 4120 INDIAN TRAIL DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHORES, TIMM R 217 CALHOUN AVE. DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/06/05-80018-009 61.25

**DO NOT WRITE
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 617, 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:  **John A. King Sr.**
Managing Member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05 (850)837-6777
Date Daytime Phone #