

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90049 025 \*\*\*\*61.25

**DOCUMENT # N95000001009**

1. Entity Name

**EMERALD COAST BOTTLE COLLECTORS, INC.**



Principal Place of Business

**2675 ISLAND VIEW DRIVE  
PANAMA CITY FL 32405**

Mailing Address

**1285 MCDUGALD ST  
GENEVA AL 36340**

**30012527**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAUGHN, DEANNE M  
2675 ISLAND VIEW DR  
PANAMA CITY FL 32405**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **BARTON, STEVE**  
STREET ADDRESS **311 W. FLEMMING AVE**  
CITY-ST-ZIP **GENEVA AL 36340**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **EBERTS, MARALINE**  
STREET ADDRESS **214 ARGONAUT ST**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MCCARTHY, KATHY**  
STREET ADDRESS **2675 ISLAND VIEW DRIVE**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **VAUGHN, BOBBY E**  
STREET ADDRESS **1285 MCDUGALD ST**  
CITY-ST-ZIP **GENEVA AL 36340**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **EPPS, BUD**  
STREET ADDRESS **1525 MCDUGALD ST**  
CITY-ST-ZIP **GENEVA AL 36340**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Joe Brock**  
STREET ADDRESS **P.O. Box 36442**  
CITY-ST-ZIP **Panama City, FL 32412**

TITLE **ST** ☐ Delete  
NAME **VAUGHN, DEANNE M**  
STREET ADDRESS **2675 ISLAND VIEW DR**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

*Deanne M. Vaughn* **Deanne M. Vaughn**

Date

**Feb 2nd 2005**

Daytime Phone #

**334-684-0518**