

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90004 047 ****70.00

DOCUMENT # N95000001009					
1. Entity Name EMERALD COAST BOTTLE COLLECTORS, INC.					
Principal Place of Business 482 MARTIN LUTHER KING DRIVE CHIPLEY, FL 32428			Mailing Address 1285 MCDUGALD ST GENEVA, AL 36340		
2. Principal Place of Business 2675 ISLAND VIEW DR. Suite, Apt. #, etc.		3. Mailing Address 802 J.R. ARNOLD CT. Suite, Apt. #, etc.			
City & State PANAMA CITY, FL		City & State PANAMA CITY BEACH, FL		4. FEI Number NOT APPLICABLE	
Zip 32405		Zip 32407		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VAUGHN, DEANNE M 2675 ISLAND VIEW DR PANAMA CITY, FL 32405			7. Name and Address of New Registered Agent Name RICHARD E PRICE Street Address (P.O. Box Number is Not Acceptable) 802 J.R. ARNOLD CT. City PANAMA CITY BEACH FL Zip Code 32407		
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  RICHARD E. PRICE S/T <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, STEVE 311 W. FLEMMING AVE GENEVA, AL 36340	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBERTS, MARALINE 214 ARGONAUT ST PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, KATHY 2675 ISLAND VIEW DRIVE PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAUGHN, BOBBY E 1285 MCDUGALD ST GENEVA, AL 36340	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P VAUGHN, BOBBY E 482 MARTIN LUTHER KING DR. CHIPLEY, FL 32428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROCK, JOE PO BOX 36442 PANAMA CITY, FL 32412	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VAUGHN, DEANNE M 2675 ISLAND VIEW DR PANAMA CITY, FL 32405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S/T RICHARD E PRICE 802 J.R. ARNOLD CT. PANAMA CITY BEACH, FL 32407	
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 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: Kathleen McCarthy Kathleen McCarthy 3/20/06 (850)269-3984 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					