

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000081377		
1. Entity Name EMERALD COAST FUN & GAMES, INC.		
Principal Place of Business 1304 QUIET COVE COURT GULF BREEZE, FL 32563	Mailing Address 1304 QUIET COVE COURT GULF BREEZE, FL 32563	



07112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3870089	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

II. Name and Address of Current Registered Agent REDDICK, LORI 1304 QUIET COVE COURT GULF BREEZE, FL 32563	DO NOT WRITE IN THIS SPACE
6. 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 this if applicable.

(NOTE: Registered Agent signature required when withdrawing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

8. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 807.183(2)(b), P.S., the
corporation did not receive the prior notice.

TO: OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDICK, ROBERT E 1304 QUIET COVE COURT GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDICK, LORI 1304 QUIET COVE COURT GULF BREEZE, FL 32563
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 807, 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 file empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-11-06

850-916-3425