

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000112341

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** CORPORATE BENEFITS OF THE EMERALD COAST, INC.

**Current Principal Place of Business:**

644-D ANCHORS STREET  
FORT WALTON BCH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 880  
FORT WALTON BEACH, FL 32549

**New Mailing Address:**

**FEI Number:** 59-3690726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOCHT, SHERRY A  
644-D ANCHORS STREET  
FORT WALTON BEACH, FL 32548 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: DP  
Name: LOCHT, KEVIN H  
Address: 644-D ANCHORS STREET  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DVTS  
Name: LOCHT, SHERRY A  
Address: 644-D ANCHORS STREET  
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHERRY A LOCHT

VP

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date