

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000022388

1. Entity Name
EMERALD COAST WELLNESS, INC.



Principal Place of Business
30 DAISY DRIVE
SANTA ROSA BEACH, FL 32459

Mailing Address
30 DAISY DRIVE
SANTA ROSA BEACH, FL 32459

**FILED
Apr 03, 2006 08:00 AM
Secretary of State**



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3711577	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

LINDSEY, JR., LEWIS R
30 DAISY DRIVE
SANTA ROSA BEACH, FL 32459

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LINDSEY, JR., LEWIS R
STREET ADDRESS 30 DAISY DRIVE
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

0000000488228
04/14/06-80027-008 150.00

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 607, 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: *Lewis R. Lindsey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-06

Date

850-231-0830

Daytime Phone #