2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
- Feb 19, 2004 08:00 AM
Secretary of State

	ANNUAL RI	<u> •</u>		- FED 19,	, 2004 (JO:UU ATVI	
1. Entity Name	ENT # P0100009920			Secr	retary o	f State	
EMERALD	COAST GRADING & PAVING	, INC.					
Principal Place of 2339 TRUMAN PENSACOLA, FL	AVENUE 2	ailing Address 339 TRUMAN AVENUE ENSACOLA, FL 32505					
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DO	O NOT WRITE I	CE	02162004 4. FEI Number 59-3750		CR2E034 (1	Applied For Not Applicable	
	د د رود	سخور على المنظم الم		5. <u>Certifi</u> cate c	f Status Desired		5 Additional equired
	6. Name and Address of Current Regis	tered Agent				—	
STURGEN, WILLIAM M JR. 2253 COUNTRY PLACE CIRCLE PENSACOLA, FL 32534			DO NOT WRITE IN THIS SPACE				
				· man analytical display		SEE STREET TO SEE	- 2/20
	amed entity submits this statement for the part of registered agent.	ourpose of changing its registere	ed office or registe				r with, and accept
SIGNATURE	gnature, typed or printed name of registered agent and title	if applicable (NOTE Registered	d Agent signature require	vd when reinstation)	<u> </u>	DATE	
FILE	NOW!!! FEE IS \$150.00 y 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	tcing _ \$5	5.00 May Be ded to Fees		 	- vô:
10	OFFICERS AND DIRE	CTORS	T ==				
NAME !	DPS NORWOOD, RANDEL I 836 HIGHWAY 97, SOUTH CANTONMENT, FL 32533				ስመነተ		
IITLE NAME STREET ADDRESS CITY-ST-ZIP					02/19/04-	1057632 180068-023	3 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SF	PACE	
TITLE NAME STREET ADDRESS							
CITY-ST-ZIP	e = :						l

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J16104

Daytime Phone #