

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000107982

FILED  
Feb 20, 2006  
Secretary of State

Entity Name: EMERALDSHORES SERVICES, INCORPORATED

## Current Principal Place of Business:

215 GRAND BLVD  
DESTIN, FL 32550

## New Principal Place of Business:

215 GRAND BLVD  
SUITE 200  
DESTIN, FL 32550

## Current Mailing Address:

215 GRAND BLVD  
DESTIN, FL 32550

## New Mailing Address:

215 GRAND BLVD  
SUITE 200  
DESTIN, FL 32550

FEI Number: 59-3757410

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUCKNER, DAN  
215 GRAND BLVD  
DESTIN, FL 32550 US

## Name and Address of New Registered Agent:

BUCKNER, DAN  
215 GRAND BLVD  
SUITE 200  
DESTIN, FL 32550 US

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:

02/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MAYNARD, LORETTA K  
Address: 3005 BAY VILLA DRIVE  
City-St-Zip: DESTIN, FL 32550

Title: ST ( ) Delete  
Name: BUCKNER, STEPHANIE  
Address: 2014 PINE ISLAND CIRCLE  
City-St-Zip: DESTIN, FL 32550

Title: VP ( ) Delete  
Name: MAYNARD, STEVEN H  
Address: 3005 BAY VILLA DR  
City-St-Zip: DESTIN, FL 32550

Title: CFO ( ) Delete  
Name: HAWLEY, SHEILA  
Address: 215 GRAND BLVD  
City-St-Zip: DESTIN, FL 32550

Title: P ( ) Delete  
Name: BUCKNER, DAN  
Address: 2014 PINE ISLAND CIRCLE  
City-St-Zip: SANDESTIN, FL 32550

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: HAWLEY, SHEILA  
Address: 215 GRAND BLVD., SUITE 200  
City-St-Zip: DESTIN, FL 32550

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHEILA HAWLEY

CFO

02/20/2006

Electronic Signature of Signing Officer or Director

Date