
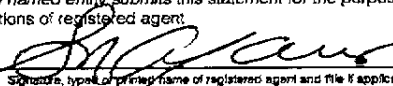
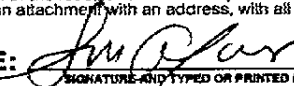


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 22, 2004 08:00 AM**  
**Secretary of State**

|  |   |  |
|--|---|--|
| <b>DOCUMENT # P02000040396</b>   |   |   |
| 1. Entity Name<br><b>EMERALD COAST CONTRACTORS, INC.</b>   |   |  |
| Principal Place of Business<br><b>1818 TENNESSEE AVENUE<br/>UNIT 1<br/>LYNN HAVEN, FL 32444</b>  | Mailing Address<br><b>1818 TENNESSEE AVENUE<br/>UNIT 1<br/>LYNN HAVEN, FL 32444</b> |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>APARICIO, SERGIO M<br/>1818 TENNESSEE AVENUE<br/>UNIT 1<br/>LYNN HAVEN, FL 32444</b>   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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.<br><br>SIGNATURE  <u>7-20-04</u><br><small>Signature, type or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS   |   | In accordance with s. 607.183(2)(b), F.S., the<br>corporation did not receive the prior notice.                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | P<br>CASTLEMAN, MICHAEL A<br>1306 MASSACHUSETTS AVE<br>LYNN HAVEN, FL 32444         | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | VPTS<br>APARCIO, SERGIO M<br>182 DERBY WOODS DR<br>LYNN HAVEN, FL 32444             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   |  |
| 12. I hereby certify that the information supplied with this filing 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 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.<br><br>SIGNATURE:  <u>7-20-04</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> |   |  |



07172004 No Chg-P CR2E034 (10/03)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>27-0009632</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional<br/>Fee Required</b> |                               |

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07/22/04-80003-003 150.00