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## FILED Jun 09, 2003 8:00 am Secretary of State

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DOCUMENT # P02000041134  1. Entity Name EMERALD COAST FOODS, INC.						05-05-2003 90150 029 ***150.00					
Principal Place of Business 490 CASCABELLAS 490 CASCABELLAS MARY ESTHER FL 32569  MARY ESTHER FL 32569							:	· · · · · · · · · · · · · · · · · · ·			
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Principal Place of Business     3. Mailing Address									<u></u>		
Suite, Apt. #, etc. Suite, Apt. #, etc.						} (	CHECK HERE	F MAKING C	:HANGES	<b>i</b>	
City & State			City & State			4. FEI Number 649(£363 Applied For Not Applicate				pplied For ot Applicable	7
Zip Country			Zip ·	ntry	5. Certificate of Status Desired   \$8.75 Additional Fee Required					7	
·	6. Name	and Address of Current F	Registered Agent		L	7. Name and A	ddress of New Re	gistered Ag	ent		]
					Name		ستهاد المعاملين	۔ جہ ہیتنست		21 - 22	
MCGILL, ROBERT E III 36008 EMERALD COAST PARKWAY					Street Address (P.O. Box Number is Not Acceptable)						1
SUITE 30	1										J
/ DESTIN F			City			FL Zip Code					
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 or	nd title if applicable. (NOT	E: Registere	d Agent signature required	when reinstating)		DATE			
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					-		tion Campaign Fina Fund Contribution			0 May Be d to Fees	
10.	Persid	OFFICERS AND C	OIRECTORS	11.		ADDITIONS/C	HANGES TO OFFIC	CERS AND D	BECTOR	S IN 11	┨
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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 five and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee applyerized 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 equal properties.											
SIGNAT		SICHAL	HEQUIR	EO		51.1.			581.45	[	
	<u>-</u>	SIGNATURE AND TYPED OFF	INTED NAME OF BIGNING OFFICER	OR DERECT	OR		Oate		e Phone #	— <del>—</del>	