

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90025 050 \*\*\*150.00

**DOCUMENT # P02000104472**

1. Entity Name  
**EMERALD COAST WINDOW COVERINGS, INC.**



Principal Place of Business  
**140 INDIAN BAYOU DRIVE  
 DESTIN, FL 32541**

Mailing Address  
**140 INDIAN BAYOU DRIVE  
 DESTIN, FL 32541**

2. Principal Place of Business  
**257 BUSINESS CENTRE**

3. Mailing Address  
**257 BUSINESS CENTRE**

Suite, Apt. #, etc.

City & State  
**Destin, Fla**

City & State  
**Destin Fl.**


Zip  
**32550**

Country  
**OKALOOSA**

Zip  
**32550**

Country  
**OKALOOSA**

J4061004



02182004 Chg-P CR2E034 (10/03)

4. FEI Number  
**06-1650524**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BALES, JAMES W 140 INDIAN BAYOU DRIVE DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: James W Bales **2-23-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #