2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P02000113014

Entity Name: EMERALD COAST PLASTERING, INC.

Current Principal Place of Business:

4930 SAND POND RD
CHIPLEY, FL 32428

New Principal Place of Business:

401 W 14TH STREET
SUITE #2
LYNN HAVEN, FL 32444

Current Mailing Address:

4930 SAND POND RD
CHIPLEY, FL 32428

New Mailing Address:

401 W 14TH STREET
SUITE #2
LYNN HAVEN, FL 32444

FEI Number: 27-0033324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PIERSON, WILLIAM T
11331 LAFAYETTE LANE
NAPLES, FL 34114 US

Name and Address of New Registered Agent:

HUDEC, KIM K
700 W 4TH STREET
LYNN HAVEN, FL 32444 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: KIM K HUDEC 04/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PIERSON, WILLIAM T
Address: 11331 LAFAYETTE LANE
City-St-Zip: NAPLES, FL 34114

Title: V ( ) Delete
Name: PIERSON, CHARLES
Address: 4930 SAND POND RD
City-St-Zip: CHIPLEY, FL 32428

Title: S (X) Delete
Name: STOLZFUS, KIM
Address: 4930 SAND POND RD
City-St-Zip: CHIPLEY, FL 32428

Title: T (X) Delete
Name: PIERSON, CHAZ
Address: 4930 SAND POND RD
City-St-Zip: CHIPLEY, FL 32428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PIERSON, CHARLES L
Address: 4930 SAND POND RD
City-St-Zip: CHIPLEY, FL 32428

Title: V (X) Change ( ) Addition
Name: HUDEC, KIM K
Address: 700 W 4TH STREET
City-St-Zip: LYNN HAVEN, FL 32444

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

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 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 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: KIM K HUDEC V/P 04/28/2005
Electronic Signature of Signing Officer or Director Date