

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90058 032 ***150.00

DOCUMENT # P03000009096

1. Entity Name
EMERALD COAST FILMWORKS, INC.



Principal Place of Business
**1550 CYPRESS BEND TRAIL
GULF BREEZE, FL 32563**

Mailing Address
**1550 CYPRESS BEND TRAIL
GULF BREEZE, FL 32563**

DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number
05-0552666

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAKOCZY, DAVID M
1550 CYPRESS BEND TRAIL
GULF BREEZE, FL 32563**

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
RAKOCZY, DAVID M
1550 CYPRESS BEND TRAIL
GULF BREEZE, FL 32563**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *D. R. Kocz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.23.07

Date

850.916.35

Daytime Phone #