

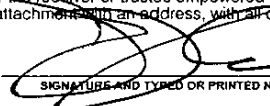


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90213 027 \*\*\*150.00

<b>DOCUMENT # P03000063912</b> 1. Entity Name <b>EMERALD COAST HOME BUILDERS, INC.</b>					
Principal Place of Business <b>4703 SEASTAR VISTA</b> <b>DESTIN, FL 32541 US</b>			Mailing Address <b>4703 SEASTAR VISTA</b> <b>DESTIN, FL 32541 US</b>		
2. Principal Place of Business <b>3426 Club Estates Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>3426 Club Estates Dr</b> Suite, Apt. #, etc.			
City & State <b>Miramar Beach FL</b>		City & State <b>Miramar Beach FL</b>		4. FEI Number <b>20-0035561</b>	
Zip <b>32550</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JACKSON, JUDD S</b> <b>4703 SEASTAR VISTA</b> <b>DESTIN, FL 32541</b>				7. Name and Address of New Registered Agent Name <b>Judd S. Jackson</b> Street Address (P.O. Box Number is Not Acceptable) <b>3426 Club Estates Dr</b> City <b>Miramar Beach FL</b> Zip Code <b>32550</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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, JUDD S 4703 SEASTAR VISTA DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Judd S. Jackson 3426 Club Estates Dr Miramar Beach FL 32550	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FAULK, ANDREW 112 ORCHARD CIR DOTHAN, AL 36305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, PENNY A 4703 SEASTAR VIS. DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Penny A. Jackson 3426 Club Estates Dr Miramar Beach FL 32550	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 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 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: 			3/4/06 850-231-0850		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		