## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000063912**

1. Entity Name

EMERALD COAST HOME BUILDERS, INC.



US

FILED Mar 12, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3426 CLUB ESTATES DR MIRAMAR BEACH, FL 32550

US

3426 CLUB ESTATES DR MIRAMAR BEACH, FL 32550

.



DO	NOT	<b>WRITE</b>	IN	THIS	SPA	<b>CF</b>
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03022008 No Chg-P CR2E034 (11/05)

Applied For Not Applicable

20-0035561

5. Certificate of Status Desired

4. FEI Number

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JUDD S 3426 CLUB ESTATES DR MIRAMAR BEACH, FL 32550

## DO NOT WRITE IN THIS SPACE

8. The above the obligation	e named entity submits this statement for the pations of registered agent.	urpose of changing its re	egistered offic	e or r	egistered agent, or b	ooth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable (NOTE: F	Registered Agent s	ignature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees			000000955143 03/27/08-80036-019 150.00			
10.	OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P JACKSON, JUDD S 3426 CLUB ESTATES DR MIRAMAR BEACH, FL 32550 VPT							
NAME	FAULK, ANDREW							
STREET ADDRESS								
CITY+ST-ZIP	DOTHAN, AL 36305							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, PENNY A 3 426 CLUB ESTATES DR MIRAMAR BEACH, FL 32550			DO NOT WRITE				
TITLE NAME STREET ADDRESS	225				IN THIS SPACE			

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 arn 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2 3 2008

x50.582.2718

Daytime Phone #