

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90015 026 ***150.00

DOCUMENT # P03000073774 1. Entity Name EMERALD LAKES ESTATES, INC.			
Principal Place of Business 1549 HIGHWAY 389 LYNN HAVEN, FL 32444		Mailing Address 1549 HIGHWAY 389 LYNN HAVEN, FL 32444	
2. Principal Place of Business <u>20667 NE Railroad Ave</u> Suite, Apt. #, etc.		3. Mailing Address <u>20667 NE Railroad Ave</u> Suite, Apt. #, etc.	
City & State <u>Blountstown FL</u> Zip <u>32424</u>		City & State <u>Blountstown, FL</u> Zip <u>32424</u>	
Country <u>USA</u>		Country <u>USA</u>	
4. FEI Number <u>20-0073039</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAU, DAVID G 1549 HIGHWAY 389 LYNN HAVEN, FL 32444		7. Name and Address of New Registered Agent Name <u>Kenneth M. Betts</u> Street Address (P.O. Box Number is Not Acceptable) <u>18431 NW Jap Austin Road</u> City <u>Blountstown</u> <u>FL</u> Zip Code <u>32424</u>	
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: <u>Kenneth M. Betts</u> April 1 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input checked="" type="checkbox"/> Delete LAU, DAVID G 1549 HIGHWAY 389 LYNN HAVEN, FL 32444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RICHARDSON, MAXWELL M 3915 PINE LOG ROAD CHIPLEY, FL 32428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RANKIN, HESTER G ROUTE 3 BOX 383 BRISTOL, FL 32321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BETTS, KENNETH M 18431 NW JAP AUSTIN ROAD CHIPLEY, FL 32428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Blountstown, FL 32424</u>
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 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: <u>Kenneth M. Betts</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>April 1 2004</u> <small>Date Daytime Phone #</small>	