

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000093956			
1. Entity Name EMERALD COAST LEADERSHIP ASSOCIATES, INC.			
Principal Place of Business 5168 POINT SHORE LN GULF BREEZE, FL 32563	Mailing Address 5168 POINT SHORE LN GULF BREEZE, FL 32563		
DO NOT WRITE IN THIS SPACE			
		01092007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 27-0065706	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 WILLIAMS, LEONARD E 5168 POINT SHORE LN 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: <u>Leonard E. Williams</u> DATE: <u>JAN 29, 2007</u> <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, 2007 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		DO NOT WRITE IN THIS SPACE U00000617242 02/07/07-80067-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, LEONARD E 5168 POINT SHORES LANE GULF BREEZE, FL 32563		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARNLEY, JOSEPH 123 COUNTRY CLUB DR. W DESTIN, FL 32541		
TITLE NAME STREET ADDRESS 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: <u>Leonard E. Williams</u> <u>Leonard E. Williams</u> DATE: <u>JAN 29, 2007</u> DAYTIME PHONE #: <u>850-4371922</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			