2005 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with an

SIGNATURE:

other like empowered.

Feb 14, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000097547 02-14-2005 90076 034 ***150.00 EMERALD COAST HOUSESITTING, INC Principal Place of Business Mailing Address 44 PALMETTO PALM COURT 44 PALMETTO PALM COURT 50015267 SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 75-3128693 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent----7. Name and Address of New Registered Agent GASTAUER, TERRY A Street Address (P.O. Box Number is Not Acceptable) 44 PALMETTO PALM COURT SANTA ROSA BEACH, FL 32459 City Zip Code 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Mr. Terry Gastauer Apt. 4306 270 Vinings Way Blvd. Destin, FL 32541 Change ☐ Addition GASTAUER, TERRY A NAME NAME STREET ADDRESS STREET ADDRESS 44 PALMETTO PALM COURT CITY-ST-ZIP SANTA ROSA BEGH; FL 32459 CITY-ST-ZIP S Change ☐ Delete ☐ Addition TITLE TITLE Mr. Terry Gastauer Apt. 4306 GASTAUER, TERRY A NAME NAME 270 Vinings Way Blvd Destin, FL 32541 STREET ADDRESS 44 PALMETTO PALM COURT STREET ADDRESS SANTA ROSA BEACH, FL- 32459-CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TETLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify trait the 1 smallon supplied with this filling 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 of 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

FILED

FEB 1, 200-5 654-609

Date Dayline Phone #