


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000097547 1. Entity Name EMERALD COAST HOUSESITTING, INC		
Principal Place of Business 44 PALMETTO PALM COURT SANTA ROSA BEACH, FL 32459	Mailing Address 44 PALMETTO PALM COURT SANTA ROSA BEACH, FL 32459	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GASTAUER, TERRY A 44 PALMETTO PALM COURT SANTA ROSA BEACH, FL 32459		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. GASTAUER, TERRY A 270 VININGS WAY BLVD APT 4306 DESTIN, FL 32541	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/20/06 <small>Daytime Phone #</small>



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3128693	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DATE
05/06/06-80115-004 150.00

**DO NOT WRITE
IN THIS SPACE**