## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000104266

City-St-Zip:

Entity Name: EMERALD COAST YACHTS, INC.

FILED Jun 28, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1900 HWY 87 SUITE J NAVARRE, FL 32566			BUILDING	1101 GULF BREEZE PARKWAY BUILDING 5, SUITE 19 GULF BREEZE, FL 32561		
Current M	lailing Addre	ss:	New Maili	New Mailing Address:		
PO BOX 6 NAVARRE	388 E, FL 32566		PO BOX 92 GULF BRE	2 :EZE, FL 32:	562	
FEI Number:	: 59-3557785	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Address of	New Registered Agent:	
8285 NAV	RD, R. LANE ARRE PARKV E, FL 32566	/AY US				
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ( ).	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	D ( CROUCH, WIL 2413 VALLEY NAVARRE, FL	RD	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( VAN SLEEN, R 4088 LONGWO GULF BREEZE	OOD CIR	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	VAN SLEEN, 4088 LONGW		
Title: Name: Address:	(	) Delete	Title: Name: Address:	D ( LEEDY, FRE 6310 WHITE		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

PENSACOLA, FL 32503

SIGNATURE: RICHARD C. VAN SLEEN VP