

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90017 040 \*\*\*150.00

**DOCUMENT # P04000019251**

1. Entity Name

**EMERALD COAST MASONRY, INC.**



Principal Place of Business

**8522 GOLF BLVD  
UNIT 8  
NAVARRE BEACH FL 32566**

Mailing Address

**8522 GOLF BLVD  
UNIT 8  
NAVARRE BEACH FL 32566**

**50012063**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

**8522 GOLF BLVD  
# 8**

3. Mailing Address

**8522 GOLF BLVD  
# 8**

City & State

**Navarre Beach, FL  
32566 USA**

City & State

**Navarre Beach FL  
32566 USA**

4. FEI Number

**77-022260**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BOSTWICK, GREGORY  
8522 GOLF BLVD.  
UNIT 8  
NAVARRE BEACH FL 32566**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: **PVST** ☐ Delete  
NAME: **BOSTWICK, GREGORY**  
STREET ADDRESS: **8522 GOLF BLVD., UNIT 8**  
CITY-ST-ZIP: **NAVARRE BEACH FL 32566**

TITLE: **Emerald Coast Masonry** ☐ Delete  
NAME: **Bostwick, Gregory**  
STREET ADDRESS: **8522 GOLF BLVD #8**  
CITY-ST-ZIP: **Navarre, Beach, FL 32566**

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
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TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #