

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000034085

1. Entity Name
EMERALD COAST TRANSPORTATION SERVICES, INC.



**FILED
Jan 12, 2006 8:00 am
Secretary of State**

01-12-2006 90167 044 ***150.00

40000907



01092006 Chg-P CR2E034 (11/05)

Principal Place of Business 8518F NAVARRE PKWY B NAVARRE, FL 32566		Mailing Address PO BOX 5250 NAVARRE, FL 32566	
2. Principal Place of Business 1900 Hwy 87 S. Suite, Apt. #, etc. Ste L		3. Mailing Address SAA Suite, Apt. #, etc.	
City & State Navarre FL		City & State	
Zip 32566	Country USA	Zip	Country
6. Name and Address of Current Registered Agent AKINS, WILLIAM 6720 PASO DE CORTEZ COURT NAVARRE, 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 *William Akins* DATE *1-9-06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AKINS, WILLIAM 6720 PASO DE CORTEZ COURT NAVARRE, FL 32566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William Akins*

WILLIAM AKINS

1-9-06 850 939 7092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #