

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # P04000104417

1. Entity Name

EMERALD SUN BEACH RENTALS, INC.



Principal Place of Business

3657 E COUNTY HWY 30-A
SEAGROVE BEACH FL 32459

Mailing Address

3657 E COUNTY HWY 30-A
SEAGROVE BEACH FL 32459



1st MOORE

CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 20-1396002

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CURTIN, JEANNE B
207 W PARK AVE SUITE B
TALLAHASSEE FL 32301

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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 ☐ NAME ☐ WRIGHT, WILLIAM E ☐ Delete
STREET ADDRESS 3657 E COUNTY HWY 30-A
CITY-STATE-ZIP SEAGROVE BEACH FL 32459

TITLE ☐ NAME ☐ DAVIS, DEBBIE ☐ Delete
STREET ADDRESS 3657 E COUNTY HWY 30-A
CITY-STATE-ZIP SEAGROVE BEACH FL 32459

TITLE ☐ NAME ☐ ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ NAME ☐ ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ NAME ☐ ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ NAME ☐ ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ NAME ☐ ☐ Change ☐ Addition
STREET ADDRESS 000000700279
CITY-STATE-ZIP 04/20/07-80012-001 150.00

TITLE ☐ NAME ☐ ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ NAME ☐ ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM E. WRIGHT 49-07
850-231-3554