## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000149687 1. Entity Name EMERALD COAST CUSTOM HOMES, INC.



Principal Place of Business

1057 QUAIL HOLLOW DR. MARY ESTER, FL 32569 Mailing Address

1057 QUAIL HOLLOW DR. MARY ESTER, FL 32569

## FILED Mar 26, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

02212008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 33-1103139 Applied For Not Applicable

5. Certificate of Status Desired San Required

6. Name and Address of Current Registered Agent

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

MCGAVIN, ROBERT M 1057 QUAIL HOLLOW DR. MARY ESTHER, FL 32569

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP 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.	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. **PSTD** TITLE MCGAVIN, ROBERT M NAME 1057 QUAIL HOLLOW DR. STREET ADDRESS CITY-ST-ZIP MARY ESTHER, FL 32569 TITLE BENTLEY, LAWRENCE R OFFICER STREET ADDRESS 3693 FIRST ST. CITY-ST-ZIP DESTIN, FL 32541 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the examptions 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 signuture 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

3-10-08

850-217-3712

Daytime Phone #