2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P05000052171

HOSPITALITY SERVICES OF THE EMERALD COAST, INC.



FILED Mar 29, 2007 8:00 am Secretary of State

03-29-2007 90013 038 ***150.00

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Principal Place of Business 124 PETERS COURT FREEPORT, FL 32439 US				Mailing Address 124 PETERS COURT FREEPORT, FL 32439 US				40043963							
2. Principal Place of Business - No P.O. Box # 3. Mailing Address P. O. Box					 535 <i>3</i>										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03262007		Chg-P		CF	R2E03	4 (12/06)	
City & State				City & State Nicevilla, FL				4. FEI Number 20-289		8			,	-	pplied For ot Applicable
Zip		Country		Zip Country 32578-5353 USA				5. Certificate					Ė	8.75 Ad ee Require	
	6. Name	tered Agent				7. Name and	l Add	ress of	New	Registe	red A	gent			
						Name									
GALLAGHER, DUANE 124 PETERS COURT FREEPORT, FL 32439						Street Add	dress (I	P.O. Box Numb	er is h	lot Acc	eptab	le)	•		
					City						FL	Zip Co	de		
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 obligat	ions of regist	tered agent.													
SIGNATURE	Signature, typed	or printed name of registered	agent and title	if applicable. (NOTE: F	lerpstere	d Agent signature	required	1 when reinstaling)				D	ATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees															
10.	. OFFICERS AND DIRECTORS 11.							ADDITIONS.	/CHA	NGES	TO OF	FICERS	AND!	DIRECTOR	RS IN 11
TITLE	PD			☐ Delete	TITLE	E								Change	☐ Addition
NAME	GALLAGE	HER, DUANE			NAM	IE .									
STREET ADDRESS	124 PETERS COURT				STREET										
CITY-ST-ZIP	FREEPORT, FL 32439				CITY	'- ST - ZIP									
TITLE				☐ Delete	TITLE	E								Change	Addition
NAME	·				NAM	nE									
STREET ADDRESS						EET ADDRESS									
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STREET ADDRESS						EET ADORESS									
CITY-ST-ZIP					CITY	r-St-ZIP									
1															

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07

850-830-6355

Daytime Phone #