


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90014 044 ***158.75

DOCUMENT # P05000069933	
1. Entity Name EMERALD COAST SHUTTERS, INC..	

Principal Place of Business 390 S. GERONIMO STREET SUITE 203 MIRAMAR BEACH FL 32550	Mailing Address P.O. BOX 6753 MIRAMAR BEACH FL 32550
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2. Principal Place of Business 390 S. Geronimo St.	3. Mailing Address Same
Suite, Apt. #, etc. Suite 102	Suite, Apt. #, etc.
City & State Destin, FL	City & State
Zip 32550	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 20-2854916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELMICH, KEVIN M ESQ. 4481 LEGENDARY DRIVE SUITE 200 DESTIN FL 32541	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, EDWARD J 3990 SPRING VALLEY RD. #118 FARMERS BRANCH TX 75244 <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	P ADAMS, MELINDA E 3990 SPRING VALLEY RD. #118 FARMERS BRANCH TX 75244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Melinda Adams **MELINDA ADAMS** 1/23/06 (850) 259-6571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #