

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-10-2006 90014 044 \*\*\*158.75

<b>DOCUMENT # P05000069933</b>	
1. Entity Name <b>EMERALD COAST SHUTTERS, INC..</b>	

Principal Place of Business <b>390 S. GERONIMO STREET SUITE 203 MIRAMAR BEACH FL 32550</b>	Mailing Address <b>P.O. BOX 6763 MIRAMAR BEACH FL 32550</b>
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2. Principal Place of Business <b>390 S. Geronimo St.</b>	3. Mailing Address <b>Same</b>
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Suite, Apt. #, etc. <b>Suite 102</b>	Suite, Apt. #, etc.
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City & State <b>Destin, FL</b>	City & State
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Zip <b>32550</b>	Country	Zip	Country
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4. FEI Number <b>20-2854916</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	1st MOORE	CR2E034 (10/05)
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6. Name and Address of Current Registered Agent <b>HELMICH, KEVIN M ESQ. 4481 LEGENDARY DRIVE SUITE 200 DESTIN FL 32541</b>		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 _____
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**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 Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ADAMS, EDWARD J 3990 SPRING VALLEY RD. #118 FARMERS BRANCH TX 75244</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ADAMS, MELINDA E 3990 SPRING VALLEY RD. #118 FARMERS BRANCH TX 75244</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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 <sup>(850)</sup> 259-6571