


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90225 030 ***158.75

DOCUMENT # P05000081233 1. Entity Name TAKING CARE OF BUSINESS ON THE EMERALD COAST INC					
Principal Place of Business 135 EDGEWOOD TERRACE SANTA ROSA BEACH, FL 32459			Mailing Address 135 EDGEWOOD TERRACE SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3807418 <input checked="" type="checkbox"/> 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			7. Name and Address of New Registered Agent		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			Name Lisa R Robinson Street Address (P.O. Box Number is Not Acceptable) 135 Edgewood Terrace City Santa Rosa Bch FL Zip Code 32459		
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: <u><i>Lisa R. Robinson</i></u> DATE: <u>4/30/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HAYES, LISA R <input type="checkbox"/> Delete 135 EDGEWOOD TERRACE SANTA ROSA BEACH, FL 32459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LISA R. ROBINSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 135 EDGEWOOD TERRACE SANTA ROSA BEACH FL 32459	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIDLEY, JANET <input checked="" type="checkbox"/> Delete 135 EDGEWOOD TERRACE SANTA ROSA BEACH, FL 32459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DONALD L. ROBINSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 135 Edgewood Terrace SANTA ROSA BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete		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 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: <u><i>Lisa R. Robinson</i></u>			4/30/06 950-622-2374 <small>Date Daytime Phone #</small>		