


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90072 044 ***150.00

DOCUMENT # P06000012648 1. Entity Name KW OF THE EMERALD COAST CORP.	
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Principal Place of Business 182 BREWER CIRCLE MARY ESTHER, FL 32569	Mailing Address 182 BREWER CIRCLE MARY ESTHER, FL 32569
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40037981



2. Principal Place of Business - No P.O. Box # 1411 W/Hwy 98 Suite, Apt. #, etc. "H"	3. Mailing Address PO Box 5461 Suite, Apt. #, etc.
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03142007 Chg-P CR2E034 (12/06)

City & State Mary Esther, FL	City & State Ft. Walton Bch, FL
Zip 32569	Zip 32549
Country USA	Country USA

4. FEI Number 34 2061726	Applied For Not Applicable
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6. Name and Address of Current Registered Agent RUST, WARREN E 182 BREWER CIRCLE MARY ESTHER, FL 32569	7. Name and Address of New Registered Agent Name WARREN E RUST Street Address (P.O. Box Number is Not Acceptable) 1411 W/Hwy 98 APT "H" City Mary Esther FL Zip Code 32569
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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 W E Rust	WARREN E RUST President 3-15-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMAN, KENNETH R 182 BREWER CIRCLE MARY ESTHER, FL 32569 <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	D RUST, WARREN E 182 BREWER CIRCLE MARY ESTHER, FL 32569 <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 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: W E Rust	WARREN E RUST 3-15-07 850 581-5182