


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P07000090708</b> 1. Entity Name <b>EMERALD COAST MARINE CONSTRUCTION, INC.</b>					
Principal Place of Business <b>16 HIGDON CT FT WALTON BEACH, FL 32547</b>			Mailing Address <b>16 HIGDON CT FT WALTON BEACH, FL 32547</b>		
2. Principal Place of Business - No P.O. Box # ---		3. Mailing Address ---			
Suite, Apt. #, etc. ---		Suite, Apt. #, etc. ---			
City & State ---		City & State ---			
Zip ---	Country ---	Zip ---	Country ---		
6. Name and Address of Current Registered Agent  <b>ACCARDI, ERIC 16 HIGDON CT FT WALTON BEACH, FL 32547</b>				7. Name and Address of New Registered Agent Name --- Street Address (P.O. Box Number is Not Acceptable) --- City ---	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACCARDI, ERIC <input type="checkbox"/> Delete 16 HIGDON CT FT WALTON BEACH, FL 32547		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300136159323</b> <b>09/19/08--01044--014 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACCARDI, RICKY <input type="checkbox"/> Delete 16 HIGDON CT FT WALTON BEACH, FL 32547		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	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>9/12/08</b> <small>Daytime Phone #</small>		

FILED

08 SEP 19 PM 4:22

CLERK OF STATE  
TALLAHASSEE, FLORIDA



09092008 Chg-P CR2E034 (12/06)

4. FEI Number **20-5054783** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**FL** Zip Code

9/19/08