

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034179

FILED
Apr 27, 2005
Secretary of State

Entity Name: EMERALD COAST INTERIORS, INC.

Current Principal Place of Business:

4459 COASTAL LANE
PACE, FL 32571 US

New Principal Place of Business:

Current Mailing Address:

4459 COASTAL LANE
PACE, FL 32571 US

New Mailing Address:

FEI Number: 59-3179578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK, ROBERT D
4459 COASTAL LN
MILTON, FL 32571 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COOK, ROBERT D
Address: 4459 COASTAL LN
City-St-Zip: MILTON, FL 32571

Title: S/T () Delete
Name: MARSHALL, JEFFREY T
Address: 1600 SW 4TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D () Delete
Name: MARSHALL, CHARLES E JR
Address: 1755 SE 9TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS RAMIREZ

OPM

04/27/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date