


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90037 033 ***150.00

DOCUMENT # P93000040951 1. Entity Name EMERALD CITY, INC.					
Principal Place of Business 329 SUMMIT DRIVE DESTIN FL 32541 US				Mailing Address P. O. BOX 5233 DESTIN FL 32540 US	
2. Principal Place of Business 11275 W. Highway 98 Suite, Apt. #, etc. SUITE 7		3. Mailing Address - SAME - Suite, Apt. #, etc. City & State DESTIN - FI			
City & State DESTIN - FI		City & State Zip 32550		Country WALTON	
4. FEI Number 59-3192469				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROWE, ROBERT 329 SUMMIT DRIVE DESTIN FL 32541 <i>MOVED</i>			7. Name and Address of New Registered Agent Name ROWE, ROBERT Street Address (P.O. Box Number is Not Acceptable) 93 MANDEVILLA LN. City DESTIN FL Zip Code 32550		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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 D NAME ROWE, ROBERT W STREET ADDRESS 329 SUMMIT DRIVE CITY-ST-ZIP DESTIN FL 32541 <i>MOVED</i>	<input type="checkbox"/> Delete		TITLE D NAME ROBERT W. ROWE STREET ADDRESS 93 MANDEVILLA LN. CITY-ST-ZIP DESTIN FI 32550	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME ROWE, EVAN B STREET ADDRESS 411 ANNA STREET CITY-ST-ZIP DESTIN FL 32541	<input type="checkbox"/> Delete		TITLE S NAME ROWE, EVAN B. STREET ADDRESS 93 MANDEVILLA LN. CITY-ST-ZIP DESTIN FI 32550	<input checked="" 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	
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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 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 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 exemption.					
SIGNATURE: <u>Robert W. Rowe</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/15/04 850 8321596 Date Daytime Phone #		