2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Jan 23, 2006 08:00 AM DOCUMENT # P93000067542 1. Entity Name **Secretary of State** EMERALD COAST REALTY OF PANAMA CITY, INC. Principal Place of Business Mailing Address 10997 HUTCHISON BLVD. 10997 HUTCHISON BLVD PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEi Number Applied For 59-3205826 Not Applicab Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARMSTRONG, RUSSELL A Street Address (P.O. Box Number is Not Acceptable) 10997 HUTCHISON BLVD PANAMA CITY BEACH FL 32407 City Zip Code 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable DATE (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 Election Campaign Financing **\$5.00** May E. After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete tin e Change Addition NAME ARMSTRONG, RUSSELL A MAME STREET ADDRESS 10997 HUTCHISON BLVD STREET ADDRESS CITY-ST-ZIE PANAMA CITY BEACH FL 32407 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ----- Delate ☐ Change □ M#** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78P ☐ Delete ET ALL TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY - ST - ZAP TITLE ☐ Delete TITLE ☐ Change ☐ Addiii NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HUF Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 directly 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 1 if changed, or on an attachment with an appears, with all other like empowered.