

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90019 031 ***550.00

DOCUMENT # P94000084336 1. Entity Name EMERALD COAST SPECIALTIES, INC.					
Principal Place of Business HWY 77 (6923) SOUTHPORT, FL 32409 US			Mailing Address P.O. BOX 8080 SOUTHPORT, FL 32409 US		
2. Principal Place of Business		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				7. Name and Address of New Registered Agent	
GILBERT, REBECCA J. 701 TASHANNA LANE SOUTHPORT, FL 32409				Name Martha A. Mc Cance Street Address (P.O. Box Number is Not Acceptable) 7517 North Deer Haven Rd. City South port FL Zip Code 32409	
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 <u><i>Martha A. Mc Cance</i></u> DATE <u>6/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P TOOLE, ROGER B <input type="checkbox"/> Delete 7517 NORTH DEER HAVEN ROAD SOUTHPORT, FL 32409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILBERT, REBECCA J <input checked="" type="checkbox"/> Delete 701 TASHANNA LANE SOUTHPORT, FL 32409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mc Cance, Martha A. 7517 North Deer Haven Rd. South port, FL 32409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOOLE, SARA L <input type="checkbox"/> Delete 7517 NORTH DEER HAVEN ROAD SOUTHPORT, FL 32409		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 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 empowered.					
SIGNATURE: <u><i>Roger B. Toole</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>6/29/05</u> Daytime Phone # <u>850-271-2949</u>		