

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092867

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** EMERALD COAST APPRAISERS, INC.

**Current Principal Place of Business:**

385 HARBOR BLVD  
DESTIN, FL 32541 US

**New Principal Place of Business:**

569 L'OMBRE CIRCLE  
FORT WALTON BEACH, FL 32547 US

**Current Mailing Address:**

569 L'OMBRE CIRCLE  
FORT WALTON BEACH, FL 32547 US

**New Mailing Address:**

**FEI Number:** 59-3300412      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, BENJAMIN F  
569 L'OMBRE CIRCLE  
FORT WALTON BEACH, FL 32547 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ANDERSON, BENJAMIN F  
Address: 569 L'OMBRE CIRCLE  
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D  
Name: ANDERSON, KAREN G  
Address: 569 L'OMBRE CIRCLE  
City-St-Zip: FT WALTON BEACH, FL 32547

I hereby 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 all other like empowered.

SIGNATURE: BENJAMIN F. ANDERSON

P

04/30/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date