2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000000157

1. Entity Name
EMERALD COAST LAND COMPANY

Principal Place of Business	Mailing Address
6348 W HWY 90	6348 W HWY 90
MILTON, FL 32570	MILTON, FL 32570

DO NOT WRITE IN THIS SPACE

01122005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3286786		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, RONALD
517 E GOVERNMENT ST
PENSACOLA, FL 32501

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IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	PADGET, DONALD R
STREET ADDRESS	6348 W HWY 90
CITY · ST · ZIP	MILTON, FL 32570

TITLE	P
NAME	LOCKWOOD, DAVID A
STREET ADDRESS	6348 W HWY 90
CITY · ST · ZIP	MILTON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	

TITLE	
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STREET ADDRESS	
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CITY · ST · ZIP	

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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: *Donald R. Padget*   DONALD R. PADGET   1/12/05   850 393-4405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #