## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P95000000157** 

1. Entity Name

**EMERALD COAST LAND COMPANY** 



FILED Jan 07, 2008 08:00 A Secretary of State

Principal Place of Business

6348 W HWY 90 MILTON, FL 32570 Mailing Address

6348 W HWY 90 MILTON, FL 32570



DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number Sp-3286786 Applied For Not Applicable

5. Certificate of Status Desired Fee Required Fee Required

6. Name and Address of Current Registered Agent

NELSON, RONALD 517 E GOVERNMENT ST PENSACOLA, FL 32501

## DO NOT WRITE 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	applicable. (NOTE: Registere	d Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			scing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	,	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADGET, DONALD R 6348 W HWY 90 MILTON, FL 32570			
TITLE NAME STREET ADORESS CITY-ST-ZIP	P LOCKWOOD, DAVID A 6348 W HWY 90 MILTON, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<b>DO</b>	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· ·	in in	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			in.	·
NAME STREET ADDRESS CITY-ST-ZIP	estify that the information supplied with this 5	ing door ou qualify for the		9 Florida Statutes I further certify that the information

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

1/3/08

350-393-4405

Daytime Phone #