


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000082649</b> 1. Entity Name RESORT MANAGEMENT SERVICES-EMERALD COAST, INC.	
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Principal Place of Business 10065 US HWY 98 WEST STE C-4 MIRAMAR BEACH, FL 32550	Mailing Address 10065 US HWY 98 WEST STE C-4 MIRAMAR BEACH, FL 32550
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**DO NOT WRITE IN THIS SPACE**



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3348564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORBES, JAMIE III  
10065 US HWT 98 W  
STE C-4  
DESTIN, FL 32541

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUTLAND, DONALD W. 10065 US HWY 98 W, STE C-4 DESTIN, FL 32341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORBES, JAMIE III 10065 US HWY 98 W, STE C-4 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACLIN, HENRY W. 10065 US HWY 98 W, STE C-4 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORBES, JAMIE III 10065 US HWY 98 W STE C-4 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000302356  
04/13/05-80067-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:**  **4/9/05 (850)654-092**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #