ANNUAL REPORT FILED **DOCUMENT # P95000091669** Jan 16, 2004 08:00 AM **Secretary of State** EMERALD COAST MARINE CONSTRUCTION, INC. Mailing Address Principal Place of Business **414 SNAPPER DRIVE** 414 SNAPPER DRIVE DESTIN, FL 32541 DESTIN, FL 32541 01082004 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 59-3346337 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **DEAL, DENNIS** 414 SNAPPER DRIVE DESTIN, FL 32541 1. 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. DATE Signature, typed or printed name of registered agent and the It applicable MOTE: Registered Agent signature required when reinstating) UUUUUUU06428 \$5.00 May Be & Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 01/16/04-80033-022 150.00 Trust Fund Contribution. Added to Fees

10.	OFFICERS AND DIRECTORS	T
TITLE	P	.,
NAME	DEAL, DENNIS	
STREET ADDRESS	414 SNAPPER DRIVE	
CITY-ST-ZIP	DESTIN, FL 32541	
TTLE	V	
NAME	DUKE, TIM	
STREET ADDRESS	35 OAKDALE ROAD	
CHY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE		
NAME.		
STREET ADDRESS		
CITY-ST-ZIP		
TILLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3xi), 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 Glock 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

MANE STREET ADDRESS CITY-ST-ZIP

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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