

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90002 021 ***150.00

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1. Entity Name
EMERALD SHORES RESTAURANT COMPANY INC.



Principal Place of Business
**99 EGLIN PKWY.
FORT WALTON BEACH, FL 32548**

Mailing Address
**99 EGLIN PKWY.
FORT WALTON BEACH, FL 32548**

50020356



2. Principal Place of Business
Same as above

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05242006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-3454267

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**MOYER, JEFF
99 EGLIN PKWY.
FORT WALTON BEACH, FL 32548**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DPVS**
STREET ADDRESS **MOYER, JEFF**
CITY-ST-ZIP **407 WESTMINISTER RD
FORT WALTON BEACH, FL 32547**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MOYER, JEFFREY B**
CITY-ST-ZIP **407 WESTMINISTER RD
FORT WALTON BEACH, FL 32547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jeff Moyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/06

Date

(850) 244-4841

Daytime Phone #