

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000026283**

**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



05012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-3454267  
**Applied For**  
Not Applicable  
**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

**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 if applicable.

(NOTE: Registered Agent signature required when reissuing)

**DATE**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>DPVS</b>
<b>NAME</b>	MOYER, JEFF
<b>STREET ADDRESS</b>	407 WESTMINSTER RD
<b>CITY-ST-ZIP</b>	FORT WALTON BEACH, FL 32547
<b>TITLE</b>	<b>T</b>
<b>NAME</b>	MOYER, JEFFREY B
<b>STREET ADDRESS</b>	407 WESTMINSTER RD
<b>CITY-ST-ZIP</b>	FORT WALTON BEACH, FL 32547
<b>TITLE</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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06/02/08-80005-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

850-2444841

Daytime Phone #