2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P97000026283

Entity Name: EMERALD SHORES RESTAURANT COMPANY INC.

Current Principal Place of Business:

99 EGLIN PKWY.
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

246B EGLIN PKWY.
FORT WALTON BEACH, FL 32547

Current Mailing Address:

99 EGLIN PKWY.
FORT WALTON BEACH, FL 32548

New Mailing Address:

246B EGLIN PKWY.
FORT WALTON BEACH, FL 32547

FEI Number: 59-3454267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MOYER, JEFF
246B EGLIN PKWY.
FORT WALTON BEACH, FL 32547 US

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.

SIGNATURE: JEFF B. MOYER 05/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPVS ( ) Delete
Name: MOYER, JEFF
Address: 407 WESTMINISTER RD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: T (X) Delete
Name: MOYER, JEFFREY B
Address: 407 WESTMINISTER RD
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWN (X) Change ( ) Addition
Name: MOYER, JEFF
Address: 407 WESTMINISTER RD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF B. MOYER OWNE 05/01/2009
Electronic Signature of Signing Officer or Director Date