


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000064066 1. Entity Name EMERALD COAST MORTGAGE & ASSOCIATES, INC.	
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Principal Place of Business 1501 S FERDON BLVD CRESTVIEW, FL 32536 US	Mailing Address 1501 S FERDON BLVD CRESTVIEW, FL 32536 US
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DO NOT WRITE IN THIS SPACE




01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3521637	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAGGARD, JENNIFER A 304 ISLAND DR. CRESTVIEW, FL 32536	DO NOT WRITE IN THIS SPACE
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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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAGGARD, JENNIFER A 105 EAGLE DRIVE CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAGGARD, JOHN V 105 EAGLE DRIVE CRESTVIEW, FL 32536
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**DO NOT WRITE
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UD00000086693
03/12/04-80033-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/8/04 850 683 9693 <small>Date Daytime Phone #</small>
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