

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094817

FILED
Mar 29, 2005
Secretary of State

Entity Name: EMERALD COAST FOOD & BEVERAGE CONCEPTS INC.

Current Principal Place of Business:

P.O. BOX 422014
ATLANTA, GA 30342 US

New Principal Place of Business:

Current Mailing Address:

C/O DENNIS WILLIAMS
PO BOX 422014
ATLANTA, GA 30342

New Mailing Address:

FEI Number: 58-2424146 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DEROSE, GLENN
100 BAY HAVEN CT
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, DENNIS
Address: 7350 PEACHTREEDUNWOODY ROAD
City-St-Zip: ATLANTA, GA 30328

Title: S () Delete
Name: WILLIAMS, JAN
Address: 7350 PEACHTREE DUNWOODY RD.
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAN WILLIAMS

SEC

03/29/2005

Electronic Signature of Signing Officer or Director

Date