2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2004 08:00 AM Secretary of State

216.200/ (850) 939.3484

	Secretary of State
DOCUMENT # P9900011870 1. Entity Name EMERALD COAST RV LAND COMPANY, INC.	
Principal Place of Business 6240 GULF BREEZE PARKWAY(U.S. HWY 98) GULF BREEZE, FL 32561 Mailing Address 6240 GULF BREEZE PARKWAY GULF BREEZE, FL 32561	
DO NOT WRITE IN THIS SPA	01272004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For
	59-3562289 No: Applicable
	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
BINFORD, ALLEN M 6240 GULF BREEZE PARKWAY(U.S. HWY 98)	DO NOT WRITE
GULF BREEZE, FL 32561	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.	
_	and the same of th
SIGNATURE Signature, typed or printed name of registered agent and tirle if applicable (NOTE, Registered Agent signature required when reinstating). DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution	
10. OFFICERS AND DIRECTORS	
NAME BINFORD, ALLEN M STREET ADDRESS 6240 GULF BREEZE PARKWAY(U.S. HWY 98) CITY-ST-ZIP GULF BREEZE, FL 32561	000000057312 02/19/04-80056-016 150.00
TIME	
NAME STREET ADDRESS	
CITY-ST-ZIP TITLE	-
NAME STREET ADDRESS	4000 ASS. 41 0 1000 ASS. 4 1 1 1000 ASS.
CITY-ST-ZIP	DO NOT WRITE
TITLE NAME	IN THIS SPACE
STREET ADDRESS	
City-St-2iP	
NAME STREET ADDRESS	
CITY-ST-ZIP	and the same of th
I.TLE NAME	
STREET ADDRESS GITY-ST-ZIP	
	comption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tabule shall have the same legal effect as if made under oath that Lam an officer or director.
of the corporation or the receiver or trustee empowered to execute this report as required, or on an attachment willt an address, with all other like empowered.	kemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information lature shall have the same legal effect as if made under oath, that I am an officer or director uired by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR POLES! DENT