2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000011870

1. Entity Name EMERALD COAST RV LAND COMPANY, INC.



Principal Place of Business

changed, or on an

Mailing Address

6240 GULF BREEZE PARKWAY(U.S. HWY 98) GULF BREEZE, FL 32561 6240 GULF BREEZE PARKWAY(U.S. HWY 98) GULF BREEZE, FL 32561 FILED Feb 01, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

nt with an address, with all other-like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNIN

4. FEI Number | Applied For | 59-3562289 | Not Applicable

5. Certificate of Status Desired

1.30.2004

01252006

\$8.75 Additional Fee Required

CR2E034 (11/05)

(950) 939.3484

Daytime Prione #

Name and Address of Current Registered Agent
 I FN M

BINFORD, ALLEN M 6240 GULF BREEZE PARKWAY(U.S. HWY 98) GULF BREEZE, FL 32561

DO NOT WRITE IN THIS SPACE

No Chg-P

	named entity submits this statement for the pons of registered agent.	ourpose of changing its reg	gistered office or re	egislered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	il applicable. (NOTE, Re	egistered Agent signature	required when re-risiating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **Trust Fund Contribution.**				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTÔRS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINFORD, ALLEN M 6240 GULF BREEZE PARKWAY(U.S. GULF BREEZE, FL 32561	HWY 98)		#00000414351 02/11/06-80034-003 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
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NAME SIREET ADDRESS CITY-ST-ZIP						
TITLE NAME SIREET ADDRESS CITY-ST-ZIP						
12. Thereby 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 is 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 of 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						

OFFICER OR DIRECTOR