


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000070083 1. Entity Name EMERALD COAST SECURITY, INC.	
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Principal Place of Business 318 PRUDENCE LANE PANAMA CITY BEACH, FL 32408	Mailing Address 318 PRUDENCE LANE PANAMA CITY BEACH, FL 32408
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02062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3591223	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSTON, YOLANDA 318 PRUDENCE LANE PANAMA CITY BEACH, FL 32408
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DO NOT WRITE 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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAWKINS, JAMES D 318 PRUDENCE LANE PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HAWKINS, YOLANDA 318 PRUDENCE LANE PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S POWELL, LETHA 318 PRUDENCE LANE PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KIDD, PHYLISS 318 PRUDENCE LANE PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>1100000343687 04/29/05-80107-012 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Yolanda Hawkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/05 (850) 230 0700
Date Daytime Phone #