

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000070083

1. Entity Name

EMERALD COAST SECURITY, INC.



Principal Place of Business

318 PRUDENCE LANE  
PANAMA CITY BEACH, FL 32408

Mailing Address

318 PRUDENCE LANE  
PANAMA CITY BEACH, FL 32408

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Sep 11, 2008 08:00 AM**  
**Secretary of State**



07242008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3591223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional

6. Name and Address of Current Registered Agent

JOHNSTON, YOLANDA  
318 PRUDENCE LANE  
PANAMA CITY BEACH, FL 32408

**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.

U00000959543

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**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

U00000959543  
09/11/08-80002-025 150.00

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IN THIS SPACE**

12. I hereby 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/9/08 785 6300