

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000071095

FILED
Jan 06, 2005
Secretary of State

Entity Name: KATIE-KORP OF THE EMERALD COAST, INC.

Current Principal Place of Business:

603 PINE CONE COVE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

603 PINE CONE COVE
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-3586444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, MOORE PA
1159 JOHN SIMS PKWY
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

MOORE, BERT PA
1159 JOHN SIMS PKWY
NICEVILLE, FL 32578 US

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: BERT MOORE

01/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAINS, DAVID
Address: 603 PINE CONE COVE
City-St-Zip: NICEVILLE, FL 32578

Title: VD () Delete
Name: MAINS, KATIE
Address: 603 PINE CONE COVE
City-St-Zip: NICEVILLE, FL 32578

Title: DST () Delete
Name: MAINS, JOAN-LOIS
Address: 603 PINE CONE COVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DAVID R. MAINS

PRES

01/06/2005

Electronic Signature of Signing Officer or Director

Date