


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000077980						FILED 04 JUN 21 AM 9:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA 66428972				
1. Entity Name EMERALD COAST SCHOOL OF REAL ESTATE, INC.				Principal Place of Business 1270 N EGLIN PARKWAY STE C-10 SHALIMAR, FL 32579						
2. Principal Place of Business				3. Mailing Address PO BOX 5526 DESTIN, FL 32541-5526						
Suite, Apt. #, etc.				Suite, Apt. #, etc.						
City & State				City & State						
Zip		Country		Zip		Country				
6. Name and Address of Current Registered Agent SULLIVAN, EDWARD 1270 N EGLIN PARKWAY STE C-10 SHALIMAR, FL 32579				7. Name and Address of New Registered Agent Name: SULLIVAN, GLADYS Street Address (P.O. Box Number is Not Acceptable): 1270 N. EGLIN PARKWAY STE C-10 City: SHALIMAR FL Zip Code: 32579						
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: <i>[Signature]</i> President DATE: 6/11/2004 <small>Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating)</small>										
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004			9. Election Campaign Financing-- Trust Fund Contribution. <input type="checkbox"/>		\$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					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SULLIVAN, GLADYS 1270 N EGLIN PARKWAY STE C-10 SHALIMAR, FL 32579	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SULLIVAN, EDWARD 1270 N EGLIN PARKWAY STE C-10 SHALIMAR, FL 32579	<input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	700038167447 06/22/04--01069--002 **\$150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIFFIN, HOWARD M 970 GULF SHORE DR DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i>					GLADYS SULLIVAN 6/11/2004 PRESIDENT					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					<small>DATE</small>					

(850)609-1222