2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2008 08:00 AM **Secretary of State** DOCUMENT # P99000106423 1. Entity Name EMERALD COAST MARINE SERVICES, INC. Principal Place of Business Mailing Address 30 SOUTH SHORE DRIVE P 0 BOX 6966 DESTIN, FL 32550 DESTIN, FL 32550 DO NOT WRITE IN THIS SPACE 01042008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-3615127 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE BARTH, JAMES C 30 SOUTH SHORE DRIVE DESTIN, FL 32550 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 little if applicable (NOTE: Registered Agent signature required when reinstalling) U00000788651::: 1 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees FILE NOW!!! FEE IS \$150.00 *** 01/18/08-80050-013-150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS D NAME BARTH, JAMES STREET ADDRESS 30 SOUTH SHORE DRIVE DESTIN, FL 32550 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/08

850-654-9099

FILED