FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90457 023 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S52570

1. Entity Name
EMERALD COAST CONNECTION, INC.

Principal Place of Business	Mailing Address
47 BACHELOR"S BUTTON DR DESTIN, FL 32550 US	47 BACHELOR"S BUTTON DR DESTIN, FL 32550 US

40071528

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
52 Pine Ridge Trace	52 Pine Ridge Trace
Suite, Apt. #, etc.	Suite, Apt. # etc.
City & State: Destin, FL	City & State: Destin, FL
Zip: 32541 Country: USA	Zip: 32541 Country: USA

4. FEI Number: 59-3082744 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, C DAWN
47 BACHELOR'S BUTTON DR
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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: C Dawn Crawford - President DATE: 4-26-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CRAWFORD, CYNTHIA DAWN 47 BACHELOR'S BUTTON DR DESTIN, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Crawford, Cynthia D. 52 Pine Ridge Trace Destin, FL 32541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: C Dawn Crawford President January 4, 2005 850 837-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #