

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2007 08:00 AM  
Secretary of State

DOCUMENT # S81278

1. Entity Name  
EMERALD BAY REALTY, INC.



Principal Place of Business  
100 SEASCAPE DR.  
DESTIN, FL 32541

Mailing Address  
100 SEASCAPE DR.  
DESTIN, FL 32541



04162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3113667

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENSLEE, FRANKIE  
100 SEASCAPE DR.  
DESTIN, FL 32550

**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.

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  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	OSBORN, MARK E
STREET ADDRESS	4766 HWY 260
CITY-ST-ZIP	BIRMINGHAM, AL
TITLE	TS
NAME	FLEISHER, DAVID E.
STREET ADDRESS	100 SEASCAPE DR.
CITY-ST-ZIP	DESTIN, FL
TITLE	M
NAME	NETTLES, JAY
STREET ADDRESS	100 SEASCAPE DR.
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	VP
NAME	OSBORN, MARCUS B
STREET ADDRESS	4766 HWY 280 S
CITY-ST-ZIP	BIRMINGHAM, AL 35242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000741959  
05/15/07-80049-023 150.00

**DO NOT WRITE  
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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcus Buster Osborn 4-24-2007 705-991-5035

Date

Daytime Phone #