2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 242990

Entity Name: EMMER DEVELOPMENT CORP

FILED Feb 15, 2005 Secretary of State

Littly Na	IIIe. EIVIIVIERI	DEVELOPIVIENT CORF				
Current Principal Place of Business:			New Principal P	New Principal Place of Business:		
	ARCHER ROLLLE, FL 32608					
Current Mailing Address:			New Mailing Ad	New Mailing Address:		
	ARCHER RO LLE, FL 32608					
FEI Number	: 59-0934800	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:		
	HILIP I ARCHER RD LLE, FL 32608					
	named entity : e of Florida.	submits this statement for th	e purpose of changing its regi	stered office or registered agent, or both,		
SIGNATU	RE:					
Electronic Signature of Registered Agent			Agent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CH/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () EMMER, BARB 2736 NW 22ND GAINESVILLE,	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	C () EMMER, PHILI 2736 NW 22NE GAINESVILLE,	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	P () MCGRIFF, LOF 2801 SW ARCH GAINESVILLE,	HER ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	T ()) Delete NNA J	Title: T/S Name: SNOO	(X) Change()Addition K. ORIANNA J		

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.

Address:

City-St-Zip:

2801 SW ARCHER RD

GAINESVILLE, FL 32608

SIGNATURE: ORIANNA J. SNOOK T/S 02/15/2005

2801 SW ARCHER RD

GAINESVILLE, FL 32608

Address:

City-St-Zip: