2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 05, 2005 08:00 AM DOCUMENT # F13950 1. Entity Name **Secretary of State** EMMELEE ENTERPRISES, INC. Principal Place of Business Mailing Address 1730 HILL AVE WEST PALM BCH FL 33407 1730 HILL AVENUE C/O BOBBY SOLES WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 65-0694821 Not Applicable Zip Ζp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOLES, BOBBY Street Address (P.O. Box Number is Not Acceptable) 1730 HILL AVE MAGNONIA PARK WEST PALM BCH FL 33407 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, typed or printed name of registered agent and title if applicable MOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD HILE Change Addition THLE Delete U00000216563 SOLES, BOBBY NAME 02/05/05-80053-015 150.NM STREET ADDRESS STREET ADDRESS 1748 JUPITER COVE DR., #618 CITY-ST-/P CITY-ST-ZIP JUPITER FL STD 🗀 Addition ☐ Delete ז וווו ☐ Change TITLE SOLES, MARJORIE L. NAME SUBSET ADDRESS. STREET ADDRESS 1748 JUPITER COVE DR., #618 JUPITER FL CITY-Si-Zir CITY-ST-ZIP ☐ Addition ☐ Change THEE Delete 1001 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CLTY-ST-ZIP ☐ Delete ☐ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZE CITY-ST-ZIP Delete ☐ Change ☐ Addition HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-/P CITY ST-ZIP Addition ETTE ☐ Change TITLE ☐ Delete AM NAME STREET ADDRESS STREET ADDRESS CHY-ST ZIP CITY ST ZIP

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 eath; 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:

FILED

2-2-05 561-848-6678