

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 292622

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: E.M. CORSON AND ASSOCIATES, INC.

**Current Principal Place of Business:**

2865 S.W. 30TH AVE.  
PEMBROKE PARK, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

2865 S.W. 30TH AVE.  
PEMBROKE PARK, FL 33009

**New Mailing Address:**

FEI Number: 59-1691072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THARP, BARRY  
13291 MUSTANG TRAIL  
FT. LAUDERDALE, FL US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THARP, BARRY,  
Address: 13291 MUSTANG TRAIL  
City-St-Zip: FT LAUDERDALE, FL

Title: STD ( ) Delete  
Name: KING, EDWARD F II,  
Address: 8244 NACHUA DR  
City-St-Zip: PALM BCH GARDENS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: BARRY D THARP

PD

04/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date