

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 524342**

1. Entity Name  
**EMERSON REALTY, INC.**



Principal Place of Business  
**110 NORTHWEST 2ND AVENUE  
P.O. BOX 882  
GAINESVILLE, FL 32602**

Mailing Address  
**110 NORTHWEST 2ND AVENUE  
P.O. BOX 882  
GAINESVILLE, FL 32602**



02282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1741790**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**EMERSON, DON JR  
110 N.W. 2ND AVENUE  
GAINESVILLE, FL 32601**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
EMERSON, WILLIAM  
110 N.W. 2ND AVENUE  
GAINESVILLE FL,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
EMERSON, DON JR.  
110 NW 2ND AVENUE  
GAINESVILLE FL,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
EMERSON, CHARLES  
110 N.W. 2ND AVENUE  
GAINESVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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03/18/06-80051-020 150.00

**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 address, with all other like empowered.

**SIGNATURE:** *William Emerson* **William Emerson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-28-2006 352-372-5645**

Date

Daytime Phone #