


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 548532**

1. Entity Name  
**E & M, INC. /**



Principal Place of Business      Mailing Address

**5 S. MAIN ST.  
HIGH SPRINGS, FL 32643-2285 /**      **5 S. MAIN ST.  
HIGH SPRINGS, FL 32643-2285**



01252005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-1786250**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENNETT, GARY I.  
5 SOUTH MAIN STREET /  
HIGH SPRINGS, FL 32643**

7. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

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	PD BENNETT, GARY I. 5 SOUTH MAIN HIGH SPRINGS, FL /
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BENNETT, MARILYN 5 SOUTH MAIN HIGH SPRINGS, FL /
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/10/05-80017-012 150.00

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 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:** Marilyn W. Bennett      3/9/2005 386-454-1717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #