

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90234 029 \*\*\*\*61.25

<b>DOCUMENT # 710876</b> 1. Entity Name EMMY-LOU INC., OF NAPLES					
Principal Place of Business RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104			Mailing Address RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1163888	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  BARR, LAWRENCE 2601 GULF SHORE BLVD. N #46 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name <u>Laurence Barr</u> Street Address (P.O. Box Number is Not Acceptable) <u>2601 Gulfshore Blvd. N. #46</u> City <u>Naples</u> FL Zip Code <u>34103</u>	
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 <u>Laurence Barr</u> <u>Laurence Barr, Treasurer</u> <u>4/7/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HERLIHY, JOHN J. 2601 GULF SHORE BLVD, NORTH # 15 NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, DAVID 2601 GULF SHORE BLVD. NORTH # 12 NAPLES, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCGINN, ROBERT 2601 GULF SHORE BLVD. NORTH # 3 NAPLES, FL 34103	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RAYMOND, MARY 2601 GULF SHORE BLVD. NORTH, #26 NAPLES, FL 34103	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BARR, LAWRENCE 2601 GULF SHORE BLVD N #46 NAPLES, FL 34103	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 supplement 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 617, 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: <u>Laurence Barr</u> <u>Laurence Barr, Treasurer</u> <u>4/7/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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