

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000000417

1. Entity Name
EMCO SERVICES, INC.



Principal Place of Business
780 S. COLLIER BLVD
MARCO ISLAND, FL 34145

Mailing Address
PO BOX 2128
MARCO ISLAND, FL 34146-2128



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2896784

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCNAMARA, EDWARD
780 S. COLLIER BLVD
MARCO ISLAND, FL 34146

**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 E. Edward McNamara

(NOTE: Registered Agent signature required when reinstating)

1-22-04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	MCNAMARA, EDWARD J
STREET ADDRESS	780 S. COLLIER BLVD
CITY-ST-ZIP	MARCO ISLAND, FL
TITLE	VD
NAME	MCNAMARA, CAROL A
STREET ADDRESS	780 S. COLLIER BLVD
CITY-ST-ZIP	MARCO ISLAND, FL
TITLE	SD
NAME	DONELLON, ANDREW
STREET ADDRESS	96 BROADWAY
CITY-ST-ZIP	TAUNTON, MA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000013085
01/26/04-80033-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: E. Edward McNamara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-04

Date

Daytime Phone #