

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000000417

1. Entity Name
EMCO SERVICES, INC.



Principal Place of Business
840 S. COLLIER BLVD.
UNIT 202
MARCO ISLAND, FL 34145

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



07122006 No Chg-P CR2E034 (11/05)

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.

U000000571476
07/20/06-80011-012 150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PCD
NAME MCNAMARA, EDWARD J
STREET ADDRESS 840 S. COLLIER BLVD # 202
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE VD
NAME MCNAMARA, CAROL A
STREET ADDRESS 840 S. COLLIER BLVD. # 202
CITY-ST-ZIP MARCO ISLAND, FL 34145

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #