2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2004 8:00 am Secretary of State

ANNOAL REPORT						Secreta	IJ OI St	att
DOCU 1. Entity Nam EMMCO			02-18-2004 90012 036 ***150.00					
Principal Plac	e of Business	Mailing Address				0.8041	ren	
113 REED AVENUE LEXINGTON, SC 29072		113 REED AVENUE Lexington, SC 29072			94017622			
2. Principal P	Place of Business	3. Mailing Address 113 Recd	Avenue	2				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02042004	Chg-P	CR2E034 (10/03)	
Lex/	nation, sc	Lexington	,SC		4. FEI Numb	M 7 /	7491711 A	oplied For ot Applicable
<u> 2907</u>	2 Lexington 6. Name and Address of Current Re	29072 1	exily	<u>01)</u>		of Status Desired	See Require	
	o. Name and Address of Current Re	igistered Agent	Name /	3~	/ Name and	Address of New Re	gistered Agent	20
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						er is Not Acceptable)	System	Y J
			I20 City i	05	DULL 1	Pine Isla	and Roa	
9. The shave	as mad gath, a harita this state and for the	and the second s		ria	ntanc) //	<u> </u>	<u> 7×25</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 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 9. Election Campaign ####################################					00 May Be d to Fees		€ Crass	∰ kau ten
110.1 %	OFFICERS AND DI	RECTORS	11.		ADDITIONS	CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11
TITLE	DCEO	☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	SHEPPARD, RONALD J 125 BELLE CHASE DRIVE		NAME STREET ADDRESS					
CITY-ST-ZIP	LEXINGTON, SC 29072		CITY-ST-ZIP					
TITLE	DP	Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME	BANNINGER, PAUL	^	NAME					
STREET ADDRESS CITY - ST - ZIP	1485 GRANARY ROAD BLUE BELL, PA 19422		STREET ADDRESS CITY-ST-ZIP					
TITLE	S 19422	☐ Delete	TITLE		·		☐ Change	☐ Addition
NAME	CASTEEN MERIDETH		NAME					_== -
STREET ADDRESS	204 MINERAL SPRINGS CIRCLE		STREET ADDRESS					
CITY-\$T-ZIP	LEXINGTON, SC 29073		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-\$T-ZIP			CITY-ST-ZIP				<u></u>	<u></u>
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
name Stréét address	- 5040		NAME STREET ADDRESS				Γ ₃₁	
CITY-ST-ZIP	The state of the s	induct	CITY-ST_ZIP		1001,F 4	. 5-1. 1625, p. 70-mil	DESK 1990 TO 1979	
TITLE CONTRACT ST	menter in the soft about the	Delete J Contri	TITLE	1,051	داد (د د د د د د د د د د د د د د د د د د	į	☐ Change	Addition
NAME 2	I WESTERN THE SUIT HOUSE	9. Ett. Fon Gen, Fig.	NAME	4	是自然中心	1		
CITY-ST-ZIP	nia apria filosoficia (il come ligia) — — — — — — — — — — — — — — — — — — —	And the state of t	STREET ADDRESS CITY-ST ₂ ZIP.,		معسدات موسعات موسود معالفات الأراس الوراك	d		, year to the species to species.
	certify that the information supplied with th	is filing does not qualify for th		ed in Sec	tion 119,07(3)	(i), Florida Statutes. I f		nformation

Inerepy ceruity that the information supplied with this tiling 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 to these 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 attackment with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR