


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90379 047 \*\*\*150.00

<b>DOCUMENT # F03000000940</b>					
1. Entity Name <b>EM BOEHM, INC.</b>					
Principal Place of Business <b>25 PRINCELL DIANE LANE TRENTON NJ 08638</b>			Mailing Address <b>1649 FRANKFORD RD. WEST CARROLLTON TX 75007</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>03-0504727</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOHNER, MICHAEL D		NAME		
STREET ADDRESS	1649 FRANKFORD ROAD. WEST		STREET ADDRESS		
CITY-ST-ZIP	CARROLLTON TX 75007		CITY-ST-ZIP		
TITLE	CV	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, DONALD J JR		NAME	Tony Apollaro	
STREET ADDRESS	1649 FRANKFORD ROAD WEST		STREET ADDRESS	1649 West Frankford Road	
CITY-ST-ZIP	CARROLLTON TX 75007		CITY-ST-ZIP	Carrollton, TX 75007	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICHOCKI, KENNETH J		NAME		
STREET ADDRESS	1649 FRANKFORD ROAD WEST		STREET ADDRESS		
CITY-ST-ZIP	CARROLLTON TX 75007		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, LEONARD A		NAME		
STREET ADDRESS	1649 FRANKFORD ROAD WEST		STREET ADDRESS		
CITY-ST-ZIP	CARROLLTON TX 75007		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Richard Vassil	
STREET ADDRESS			STREET ADDRESS	1649 West Frankford Road	
CITY-ST-ZIP			CITY-ST-ZIP	Carrollton, TX 75007	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/04)

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:** Leonard A. Robertson **Leonard A. Robertson** 4/11/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #