



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000005900 1. Entity Name EMERY THOMPSON MACHINE & SUPPLY CO.	
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Principal Place of Business 15350 FLIGHT PATH DRIVE BROOKSVILLE, FL 34604	Mailing Address 15350 FLIGHT PATH DRIVE BROOKSVILLE, FL 34604
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DO NOT WRITE IN THIS SPACE

	
06202006	No Chg-P
CR2E034 (11/05)	
4. FEI Number 13-1434275	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINLAN, JOHN V ESQ  
 601 12TH STREET WEST  
 BRADENTON, FL 34205

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 X \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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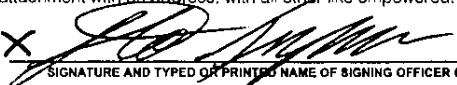
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC THOMPSON, STEVEN 20950 TANGOR ROAD LAND O LAKES, FL 34637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

000000567892  
07/03/06-80004-005 8.75

000000567892  
07/03/06-80004-004 150.00

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: X  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 6/19/06 6/19/06 718-588-7300  
Date Daytime Phone