

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007815

FILED  
Apr 20, 2012  
Secretary of State

Entity Name: EMWC, INC.

**Current Principal Place of Business:**

11450 SE DIXIE HWY., SUITE 204  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

11450 SE DIXIE HWY., SUITE 204  
HOBE SOUND, FL 33455

**New Mailing Address:**

FEI Number: 13-3500842

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASPERSEN, ERIK M  
11450 SE DIXIE HWY., SUITE 204  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PDAS  
Name: CASPERSEN, ERIK M  
Address: 11450 SE DIXIE HWY., SUITE 204  
City-St-Zip: HOBE SOUND, FL 33455

Title: DVAS  
Name: CASPERSEN, BARBARA M  
Address: 11450 SE DIXIE HWY., SUITE 204  
City-St-Zip: HOBE SOUND, FL 33455

Title: ST  
Name: KEEGAN, LUCILLE F  
Address: 11450 SE DIXIE HWY., SUITE 204  
City-St-Zip: HOBE SOUND, FL 33455

Title: VD  
Name: CASPERSEN, ANDREW W  
Address: 11450 SE DIXIE HWY., SUITE 204  
City-St-Zip: HOBE SOUND, FL 33455

Title: VD  
Name: CASPERSEN, SAMUEL M  
Address: 11450 SE DIXIE HWY., SUITE 204  
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUCILLE KEEGAN

ST

04/20/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date