


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90024 028 ***158.75

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| DOCUMENT # F95000002363 |  |
| 1. Entity Name EMERY FARM ESTATES LTD. CO. | |

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| Principal Place of Business STELLAR HOUSE BARBOUR SQUARE HIGH STREET TATTENHALL CHESTER CHESHIRE UK ch3- 9rf | Mailing Address STELLAR HOUSE BARBOUR SQUARE HIGH STREET TATTENHALL CHESTER CHESHIRE UK ch3- 9rf |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address THE SUGAR HOUSE Suite, Apt. #, etc. SUGAR LANE, |
|---|---|

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|---|---|
| City & State MANLEY, FRODSHAM | City & State MANLEY, FRODSHAM |
| Zip WAG 9HR | Country UK. |



1st MOORE CR2E034 (10/05)

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| 4. FEI Number 98-0058423 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DETTMAN PROPERTIES, INC. 2550 N FEDERAL HWY #6 FORT LAUDERDALE FL 33305 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD EMERY, LOUISE STELLAR HOUSE BARBOUR SQUARE HIGH STREET CHESTER CHESHIRE UK ch3- 9rf | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EMERY, JOSEPHINE A STELLAR HOUSE BARBOUR SQUARE HIGH STREET CHESTER CHESHIRE UK ch3- 9rf | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New address as in (3) Address only |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WADSWORTH, DAVID IAN STELLAR HOUSE BARBOUR SQUARE HIGH STREET CHESTER CHESHIRE UK ch3- 9rf | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition Address only |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Josephine A. Emery **JOSEPHINE A. EMERY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24th FEB. 2006 0114-1928-740050
Date Daytime Phone #