

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90022 008 ***150.00

DOCUMENT # H33383

1. Entity Name

EML CORPORATION



Principal Place of Business *Change Address* Mailing Address

% ELIZABETH M. LINDSAY

% ELIZABETH M. LINDSAY

Elizabeth Lindsay

701 17TH AVENUE WEST

5400 Gulf Dr Apt 35

BRADENTON FL Elizabeth Lindsay

Holmes Beach, FL 34217

5400 Gulf Dr Apt 35

Holmes Beach, FL 34217

Suite, Apt. #, etc.

Apt 35

City & State

Holmes Beach, FL

Zip

34217

Country

USA

City & State

Holmes Beach, FL

Zip

34217

Country

USA



MOORE CR2E034 (11/03)

4. FEI Number 59-2509706

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDSAY, ELIZABETH M.
701 17TH AVENUE WEST
BRADENTON FL 33505

Elizabeth Lindsay
5400 Gulf Dr Apt 35
Holmes Beach, FL 34217

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 *Elizabeth M Lindsay*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02.13.04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 PD
NAME LINDSAY, ELIZABETH M.
STREET ADDRESS 5400 Gulf Dr Apt 35
CITY-ST-ZIP Holmes Beach, FL 34217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME JENKINS, BARBARA
STREET ADDRESS 1428 INDIAN WOOD DR
CITY-ST-ZIP NEPTUNE BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME WARREN, JUDITH
STREET ADDRESS 2575 PEACHTREE ROAD #20B
CITY-ST-ZIP ATLANTA GA 30305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Elizabeth M Lindsay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.13.04 941-778-5706

Date

Daytime Phone #