

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # H47755

1. Entity Name
EMS SCIENTISTS, ENGINEERS, PLANNERS, INC.



Principal Place of Business
**393 CENTERPOINTE CIR STE
1483
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**393 CENTERPOINTE CIR STE
1483
ALTAMONTE SPRINGS, FL 32701**



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2538538

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, L. THOMAS
257 HUNTINGTON DR.
DELAND, FL 32724**

**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

L. Thomas Roberts

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBERTS, L. THOMAS
STREET ADDRESS	257 HUNTINGTON DRIVE
CITY-ST-ZIP	DELAND, FL 32724
TITLE	V
NAME	MULDREW, KEVIN
STREET ADDRESS	10014 CREEK WATER BLVD.
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	S
NAME	SINN, GINGER
STREET ADDRESS	312 FOURTEENTH STREET
CITY-ST-ZIP	ST. AUGUSTINE, FL 32804
TITLE	T
NAME	DAWKINS, JANET E
STREET ADDRESS	450 GOLFBROOK LANE #204
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

L. Thomas Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05

Date

407-262-0883

Daytime Phone #