

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 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**



01282008 No Chg-P CR2E034 (11/05)

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, L. THOMAS 257 HUNTINGTON DRIVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MULDREW, KEVIN 10014 CREEK WATERS LVD. ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINN, GINGER 312 FOURTEENTH STREET ST. AUGUSTINE, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAWKINS, JANET E 256 12TH AVE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/25/08-80081-019 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

L Thomas Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/08
Date

407-262-0219
Daytime Phone #