

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # H96028

1. Entity Name

EMMICK CONSTRUCTION, INC.



Principal Place of Business

1909 NE ACAPULCO DR
P.O. BOX 1968
JENSEN BCH. FL 34958-8968

Mailing Address

1909 NE ACAPULCO DR
P.O. BOX 1968
JENSEN BCH. FL 34958-8968

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2641855

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

EMMICK, JOSEPH PAUL
1909 NE ACAPULCO DR
JENSEN BCH. FL 34957

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

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

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	VS	<input type="checkbox"/> Delete
NAME	EMMICK, DENISE	
STREET ADDRESS	1909 NE ACAPULCO DR	
CITY - ST - ZIP	JENSEN BCH, FL	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	EMMICK, JOSEPH PAUL	
STREET ADDRESS	1909 NE ACAPULCO DR	
CITY - ST - ZIP	JENSEN BCH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

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07/08/05-80006-019 550.00

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: *Joseph P. Emmick* / Joseph P. Emmick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/05 (772) 334-0440

Date

Daytime Phone #