

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

02-03-2005 90044 043 ***150.00

DOCUMENT # J33040

1. Entity Name
EMRUSS, INC.



Principal Place of Business
2305 SAWGRASS VILLAGE DR.
PONTE VEDRA, FL 32004

Mailing Address
2305 SAWGRASS VILLAGE DR.
PONTE VEDRA, FL 32004

66004060



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2716948

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HIROCH, ROBERT D
4 SAWGRASS VILLAGE DR.
SUITE A
PONTE VEDRA BEACH, FL 32082

**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

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

Jack Fry

(NOTE: Registered Agent signature required when reinstating)

1-24-05
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 PD
NAME FRY, JACK
STREET ADDRESS 3120 TIMBERLAKE
CITY-ST-ZIP PONTE VEDRA BCH., FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Jack Fry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/05