


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90001 026 \*\*\*158.75

<b>DOCUMENT # J93182</b>		
1. Entity Name <b>EMIG, INC.</b>		

Principal Place of Business <b>2701 SW ANN ARBOR RD PORT ST. LUCIE, FL 34983 US</b>	Mailing Address <b>2701 SW ANN ARBOR RD PORT ST. LUCIE, FL 34983 US</b>
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**54060725**

2. Principal Place of Business <b>1079 SW Blue Water Way</b>	3. Mailing Address <b>1079 SW Blue Water Way</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State <b>STUART, FL</b>	City & State <b>STUART, FL</b>	4. FEI Number <b>59-2843419</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34997</b>	Country <b>USA</b>	Zip <b>34997</b>	Country <b>USA</b>

07072004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>EMIG, LARRY E. 2701 SW ANN ARBOR RD PORT ST. LUCIE, FL 34983</b>		7. Name and Address of New Registered Agent Name <b>Larry E. Emig</b> Street Address (P.O. Box Number is Not Acceptable) <b>1079 SW Blue Water Way</b> City <b>STUART</b> FL Zip Code <b>34997</b>	
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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]*  
Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/7/4**

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EMIG, LARRY E.</b>		NAME <b>LARRY E. EMIG</b>	
STREET ADDRESS <b>2701 SW ANN ARBOR RD</b>		STREET ADDRESS <b>1079 SW BLUE WATER WAY</b>	
CITY-ST-ZIP <b>PORT ST LUCIE, FL</b>		CITY-ST-ZIP <b>STUART, FL 34997</b>	
TITLE <b>EVP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VERMURLEN, ROBERT R</b>		NAME	
STREET ADDRESS <b>407 COMMERCE WAY, 1A</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JUPITER, FL</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7/7/4**

Daytime Phone #