2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

386-258-0555

Daytime Phone #

DOCUMENT # L20825 1. Entity Name EMSCHWARZ, INC.								05-03-2004	90425	O 31 *** 15	50.00
Principal Place of Business 457 S. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114			457 9	Mailing Address 457 S. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114							
2. Principal Place of Business			3. Maili	3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			02042004	Chg-P	CR2E	34 (10/03)	
City & State			City	& State		4. FEI Numb 59-298		•		oplied For ot Applicable	
Zip	Country		Zip	, .		try • -	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered				d Agent	ent Name			Address of New R	egistered	Agent	
SCHWARZ, EDWARD L 457 S. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32118							(P.O. Box Numb	er is Not Acceptable)		
						City			FL	Zip Cod	e
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 NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.						~	.00 May Be ded to Fees	¥ .			
10.		OFFICERS ANI	DIRECTOR	as	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
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name Street address	1	Z, EDWARD L IGEWOOD AVENUE			NAM STRE	ET ADDRESS					
CITY-ST-ZIP		BEACH, FL			CITY	-ST-ZIP					
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NAMÉ STREET ADDRESS	PHILLIPS,	JAMES WELL AVE			NAM STRE	E et address					
CITY-ST-ZIP		L, FL 32117				-ST-ZIP					ı
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CITY-ST-ZIP	cortifu that the	information supplied	th this files	does not avalify fo		-SI-ZIP	action 110 07/01	(i) Elorido Statuto-	further e-	ctifu that the :	nformation
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 frustee 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.											

PED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR