


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90034 038 ***150.00

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| DOCUMENT # L64021 | |  | |
| 1. Entity Name EMRICK MANAGEMENT SERVICES, INC. | | | |
| Principal Place of Business 4026 SILVER PALM RD APT. A VERO BEACH, FL 32963 US | | Mailing Address PO BOX 643521 APT. A VERO BEACH, FL 32963 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. 636 Glenview Terrace | | Suite, Apt. #, etc. | |
| City & State Vero Beach, FL | | City & State | |
| Zip 32962 | Country USA | Zip | Country |
| 6. Name and Address of Current Registered Agent EMRICK, CATHERINE A P. 4026 SILVER PALM RD APT. A VERO BEACH, FL 32963 | | 7. Name and Address of New Registered Agent Name Catherine A. Emrick Street Address (P.O. Box Number is Not Acceptable) 636 Glenview Terrace City Vero Beach FL Zip Code 32962 | |
| 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: Catherine Emrick <i>Catherine Emrick</i> 4/9/08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P EMRICK, CATHERINE 4026 SILVER PALM RD, APT. A VERO BEACH, FL 32963 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P Emrick, Catherine 636 Glenview Terrace Vero Beach, FL 32962 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Catherine Emrick <i>Catherine Emrick</i> | | Date 4/9/08 772-713-1197 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |

