

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002042

FILED
Apr 04, 2009
Secretary of State

Entity Name: EMIT, INC.

Current Principal Place of Business:

620 31ST STREET NORTH
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

620 31ST STREET NORTH
ST PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 31-1790493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MANSON, DOUGLAS
712 S OREGON AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MANSON, DAVID R
Address: 620 31ST STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33713

Title: D () Delete
Name: MANSON, DOUGLAS
Address: 2308 LILA LANE
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: OLSON, RICK
Address: 11133 108TH LANE
City-St-Zip: LARGO, FL 33778

Title: P () Delete
Name: STEWART, JIM
Address: 112 TIMBERVIEW DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: STEWART, JIM
Address: 112 TIMBERVIEW DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: P (X) Change () Addition
Name: RELLER, PAUL
Address: 210 W. NORTH BAY ST.
City-St-Zip: TAMPA, FL 33603

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MANSON

D

04/04/2009

Electronic Signature of Signing Officer or Director

Date