2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N08000005394

Entity Name: EMERGENCY MANAGEMENT SERVICES AGENCY, INC.

Current Principal Place of Business:

3408 ROYAL PALM DRIVE
NORTH PORT, FL 34288

New Principal Place of Business:

18410 PAULSON DRIVE
PORT CHARLOTTE, FL 33954

Current Mailing Address:

P.O. BOX 380007
MURDOCK, FL 339380007

New Mailing Address:

FEI Number: 26-2740896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HALL, FRED D
3408 ROYAL PALM DRIVE
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

HALL, FRED D
18410 PAULSON DRIVE
PORT CHARLOTTE, FL 33954 US

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: FRED HALL 03/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HALL, FRED D
Address: 3408 ROYAL PALM DRIVE
City-St-Zip: NORTH PORT, FL 34288

Title: D ( ) Delete
Name: HALL, JUSTIN B
Address: 3408 ROYAL PALM DRIVE
City-St-Zip: NORTH PORT, FL 34288

Title: D ( ) Delete
Name: HALL, ASHLEY B
Address: 3408 ROYAL PALM DRIVE
City-St-Zip: NORTH PORT, FL 34288

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HALL, FRED D
Address: 18410 PAULSON DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D (X) Change ( ) Addition
Name: HALL, JUSTIN B
Address: 18410 PAULSON DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D (X) Change ( ) Addition
Name: HOUSEMAN, ASHLEY B
Address: 18410 PAULSON DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33954

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: FRED HALL D 03/24/2009
Electronic Signature of Signing Officer or Director Date