

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 09, 2007 8:00 am
Secretary of State

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02072007 Chg-P CR2E034 (12/06)

DOCUMENT # P00000015285 1. Entity Name EMMITT'S AUTO REPAIR INC.					
Principal Place of Business 3150 US HWY 174 GREEN COVE SPRINGS, FL 32043			Mailing Address 3150 US HWY 174 GREEN COVE SPRINGS, FL 32043		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 59-3265358
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent RIGSBY, JULIA A 3190 U.S. 17 N. GREEN COVE SPRINGS, FL 32043			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Julia Rigby</i></u> DATE <u>3/13/07</u> <small>(Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	OPT RIGSBY, JULIA A <input type="checkbox"/> Delete 3150 US HWY 17N GREEN COVE SPRINGS, FL 32043		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIGSBY, MATTHEW W <input type="checkbox"/> Delete 3150 US HWY 17N GREEN COVE SPRINGS, FL 32043		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RISSBY, TERESA C <input type="checkbox"/> Delete 3150 US HWY 17 N GREEN COVE SPRINGS, FL 32043		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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	
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	
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: <u><i>Julia Rigby</i></u> <u>3/13/07</u> <small>(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>					