

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 30, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P00000042952**

**1. Entity Name  
EMERALD TRACE, INC.**



**Principal Place of Business  
5150 BELFORT RD., BLDG. 100  
JACKSONVILLE, FL 32256**

**Mailing Address  
P.O. BOX 551260  
JACKSONVILLE, FL 32255**



03112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
59-3642971** **Applied For  
Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HART, JAMES W JR.  
SENTRY MANAGEMENT INC  
2180 WEST STATE ROAD 434, SUITE 5000  
LONGWOOD, FL 32779-5044**

**DO NOT WRITE  
IN THIS SPACE**

**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 NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$350.00**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
VPD  
ADLEY, JAMIE  
933 BEVILLE ROAD 103-F  
DAYTONA BEACH, FL 32119**

**TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
PD  
SCHWARTZ, WINSTON  
933 BEVILLE ROAD 103-F  
DAYTONA BEACH, FL 32119**

**TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
SCHWARTZ, CHARLOTTE  
933 BEVILLE RD 103-F  
DAYTONA BEACH, FL 32119**

**TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP**

U000000348593  
05/02/05-80030-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** **JAMIE ALLAN ADLEY** **4/22/05** **386 760 2555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year