


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90019 049 ***150.00

DOCUMENT # P01000019228	
1. Entity Name EMMETT INVESTMENTS, INC.	

Principal Place of Business 521 NORTHLAKE BLVD #3&4 NORTH PALM BEACH FL 33408	Mailing Address 521 NORTHLAKE BLVD #3&4 NORTH PALM BEACH FL 33408
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2. Principal Place of Business - No P.O. Box # 4440 PGA BLVD	3. Mailing Address 4440 PGA BLVD
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201

1st MOORE CR2E034 (10/06)

City & State Palm Bch Gardens, FL	City & State Palm Bch Gardens, FL
Zip 33410	Zip 33410
Country Palm Bch	Country P. Beach

4. FEI Number 65-1076816	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRANE, ROBERT L ESQ BOOSE CASEY CIKLIN ET AL 515 N FLAGLER DR 18TH FL WEST PALM BEACH FL 33401	7. Name and Address of New Registered Agent Name Joel Koepfel Esq Street Address (P.O. Box Number is Not Acceptable) Koepfel Law Group 1016 Clearwater Circle City West Palm Beach FL Zip Code 33401
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMETT, PAUL 521 NORTH LAKE BLVD. NORTH PALM BEACH FL 33408 <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 Section 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:  **3-13-07 561-864-7676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #