FILED 2004 FOR PROFIT CORPORATION Apr 30, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P01000118420 04-30-2004 90328 034 ***150.00 EMRICK CONSULTING, INC. Principal Place of Business Mailing Address * 2645 BOTTOMRIDGE DRIVE 2645 BOTTOMRIDGE DRIVE **ORANGE PARK FL 32065** ORANGE PARK FL 32065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 52-2209073 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH HULSEY & BUSEY Street Address (P.O. Box Number is Not Acceptable). 225 WATER STREET SUITE 1800 JACKSONVILLE FL 32202 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST Change TITLE Delete TITLE ☐ Addition EMRICK, PAUL J NAME NAME 2645 BOTTOMRIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32065 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change TITLE TITLE ☐ Delete Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

NAME

SIGNATURE:

NAME

STREET ADDRESS

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayling Phone #

STREET ADDRESS CITY-ST-ZIP