

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000118899

1. Entity Name
ENGINEERING MANAGEMENT CONSULTANTS, INC.



Principal Place of Business
3116 W. THARPE ST.
TALLAHASSEE, FL 32303

Mailing Address
3116 W. THARPE ST.
TALLAHASSEE, FL 32303

FILED

07 APR 30 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232007 No Chg-P CR2E034 (11/05) 07

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4. FEI Number
80-0002498

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIDLEY, DENNIS
9004 GLEN EAGLE WAY
TALLAHASSEE, FL 32312

**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, 2007 Fee will be \$550.00**

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
P
RIDLEY, ALFRED D
9004 GLEN EAGLE WAY
TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
RIDLEY, PAMELA H.L.
9004 GLEN EAGLE WAY
TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
RIDLEY, ANDREW D
4000 SW 37TH BLV., APT. 1432
GAINESVILLE, FL 32608

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
RIDLEY, JON GERALD
24052201 TOLBERT HALL
GAINESVILLE, FL 32618

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

900102215229
05/11/07--01031--014 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-2007 (850) 668 0635