


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90096 026 ***150.00

DOCUMENT # P02000063016

1. Entity Name
EXECUTIVE MANAGEMENT ASSOCIATES, INC.



Principal Place of Business Mailing Address

**4137 SALTWATER BLVD.
TAMPA, FL 33615-5638** **4137 SALTWATER BLVD.
TAMPA, FL 33615-5638**

2. Principal Place of Business 3. Mailing Address

15256 Bellamy Rd **15256 Bellamy Rd**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Tampa, FL **Tampa, FL**

Zip Country Zip Country

33625 **Hillsborough** **33625** **Hillsborough**



04012005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**ANDERSON, WALLACE B JR.
2202 NORTH WEST SHORE BLVD., STE. 200
TAMPA, FL 33607-5747**

4. FEI Number Applied For

59-3179640 Not Applicable

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TABONE, DONALD J	NAME	
STREET ADDRESS	4137 SALTWATER BLVD.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 336155638	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, WALLACE B JR.	NAME	
STREET ADDRESS	2202 NORTH WEST SHORE BLVD., STE. 200	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 336075747	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: Donald J. Tabone 4-4-05 813 908-2359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #