

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000114120

Entity Name: EMMANUEL ENTERPRISES, INC

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3325 PINE TOP DRIVE  
VALRICO, FL 33594 US

**New Principal Place of Business:**

**Current Mailing Address:**

3325 PINE TOP DRIVE  
VALRICO, FL 33594 US

**New Mailing Address:**

FEI Number: 03-0489571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHYNGLE, CATHERINE MRS  
3325 PINE TOP DRIVE  
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHYNGLE, CATHERINE MRS  
Address: 3325 PINE TOP DRIVE  
City-St-Zip: VALRICO, FL 33594 US

Title: D  
Name: SHYNGLE, EMMANUEL  
Address: 3325 PINE TOP DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: D  
Name: SHYNGLE, DAVID  
Address: 3325 PINE TOP DRIVE  
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CATHERINE SHYNGLE

P

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date