


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90002 001 ***158.75

DOCUMENT # P02000125777 1. Entity Name EMERALD REALTY OF NORTH FLORIDA, INC.					
Principal Place of Business 5550 AUBURN RD D JACKSONVILLE FL 32207			Mailing Address 5550 AUBURN RD D JACKSONVILLE FL 32207		
2. Principal Place of Business <i>1601 Ocean Blvd</i>		3. Mailing Address <i>PO Box 40925</i>			
Suite, Apt. #, etc. <i>409</i>		Suite, Apt. #, etc. 			
City & State <i>Jacksonville Beach, FL</i>		City & State <i>Jacksonville, FL</i>		4. FEI Number 14-1858353	
Zip 32250		Country <i>Dominican</i>		5. Certificate of Status Desired <i>Not Applicable</i>	
6. Name and Address of Current Registered Agent ZAJACK, RONALD E 5550 AUBURN RD D JACKSONVILLE FL 32207		7. Name and Address of New Registered Agent Name <i>Ronald E. Zajak</i> Street Address (P.O. Box Number is Not Acceptable) <i>1601 Ocean Blvd # 409</i> City <i>Jacksonville Beach</i> FL Zip Code <i>32250</i>			
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 <i>[Signature]</i> DATE <i>6/6/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ZAJACK, RONALD 5550 AUBURN RD JACKSONVILLE FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> <small>Daytime Phone #</small>					

Attachment

44046400

P02 000 125777

June 6, 2004

Florida Department of State
Division of Corporations
Annual Report Section
PO Box 6850
Tallahassee, FL 32314

Dear Gentlemen;

I ask for your consideration for filing a late return. My father passed away in Ohio at the age of 93 and my brother and I have been following up settling his affairs.

Thank you for your understanding in this request.

Sincerely,



Ronald E. Zajack