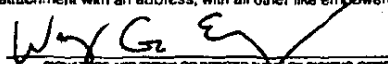


5/7

05-07-2004 90113 003 ***150.00

DOCUMENT # P03000004613						05-07-2004 90113 003 ***150.0	
1. Entity Name GARRY EMERY, INC.							
Principal Place of Business 1515 YAKUTAT RD. N. PORT, FL 34287		Mailing Address 1515 YAKUTAT RD. N. PORT, FL 34287		66428684			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05032004 Chg-P CR2E034 (10/03)			
City & State		City & State		4. FEI Number 03-0503078		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
REEGLER, SARI L 1521 S. TAMiami TRAIL, SUITE 304 VENICE, FL 34292				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 _____ (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!! FEE IS \$550.00 Due by September 8, 2004		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			
☐ Delete				☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				PRESIDENT GARRY EMERY 1515 YAKUTAT RD NORTH PORT, FL 34287			
☐ Delete				☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
☐ Delete				☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
☐ Delete				☐ Change ☐ Addition			
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☐ Delete				☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS 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: 				4/30/04 809-9973			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			