


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90016 048 ***550.00

DOCUMENT # P03000086195 1. Entity Name EMERSON PLAZA DEVELOPMENT, INC.					
Principal Place of Business 370 CENTER POINTE CIRCLE SUITE 1136 ALTAMONTE SPRINGS, FL 32701			Mailing Address 370 CENTER POINTE CIRCLE SUITE 1136 ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 05-0587586	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PASQUALETTI, JOSEPH P 370 CENTER POINTE CIRCLE SUITE 1136 ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name <u>Mary Walsh</u> Street Address (R.O. Box Number is Not Acceptable) <u>370 Centerpointe Cir., #1136</u> City <u>Altamonte Springs</u> <u>FL</u> Zip Code <u>32701</u>	
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: <u>Mary Walsh</u> DATE: <u>2/22/2008</u> <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, 2008 Fee will be \$550.00			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	DPST PASQUALETTI, JOSEPH P 370 CENTER POINTE CIRCLE, SUITE 1136 ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eric Emerson 370 Centerpointe Cir., #1136 Altamonte Springs, FL 32701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, PETER E 370 CENTER POINTE CIRCLE, SUITE 1136 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Jonathan Claber 370 Centerpointe Cir., #1136 Altamonte Springs, FL 32701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KYNASTON, NEIL 370 CENTER POINTE CIR STE 1136 ALTAMONTE SPRINGS, FL 32701	<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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/11/2008</u> Daytime Phone #: <u>(407) 834-9560</u>		