

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AF)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90037 015 ***150.00

DOCUMENT # P04000076674

1. Entity Name
E. M. REALLY, INC.



Principal Place of Business
1809 PARK AVENUE
FERNANDINA BEACH FL 32034

Mailing Address
POST OFFICE BOX 506
FERNANDINA BEACH FL 32035



2. Principal Place of Business - No P.O. Box #
217 Whistling Straits Lane
Suite, Apt. #, etc.

3. Mailing Address
PO Box 506
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Giken, SC 29803
Zip
29803
Country
USA

City & State
New Ellenton, SC 29809
Zip
29809
Country
USA

4. FEI Number 20-1126436
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EMERSON, PATRICIA A
1809 PARK AVENUE
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name
F. Darrell Holcomb, Jr.
Street Address (P.O. Box Number is Not Acceptable)
1401 Park Ave. Ste C
City
Fernandina Beach FL Zip Code
32034

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

Signature, typed or printed name of registered agent and title if applicable.

F. DARRELL HOLCOMB, JR.

(NOTE: Registered Agent signature required when reinstating)

3/3/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	EMERSON, PATRICIA A	1809 PARK AVENUE (POST OFFICE BOX 15997)	FERNANDINA BEACH FL 32034	<input type="checkbox"/>
VP	EMERSON MORAN, MICHAEL	7 RUSSELLS PATH	BREWSTER MA 02631	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
same	same	217 Whistling Straits Ln (PO Box 506)	Giken SC 29803 (New Ellenton, SC 29809)	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.13.07

9044150372

Date

Daytime Phone #