

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076674

Entity Name: E. M. REALLY, INC.

FILED  
Feb 11, 2009  
Secretary of State

## Current Principal Place of Business:

217 WHISTLINE STRAITS LANE  
AIKEN, SC 29803

## New Principal Place of Business:

3250 BERMUDA ISLE CIRCLE  
827  
NAPLES, FL 34109

## Current Mailing Address:

POST OFFICE BOX 506  
NEW ELLENTON, SC 29809

## New Mailing Address:

3250 BERMUDA ISLE CIRCLE  
827  
NAPLES, FL 34109

FEI Number: 20-1126436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLCOMB, DARRELL F JR  
1401 PARK AVENUE, STE C  
FERNANDINA BEACH, FL 32034 US

## Name and Address of New Registered Agent:

MORAN, MICHAEL E  
3250 BERMUDA ISLE CIRCLE  
827  
NAPLES, FL 34109 US

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: MICHAEL MORAN

02/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: EMERSON, PATRICIA A  
Address: 217 WHISTLINE STRAITS LN  
City-St-Zip: AIKEN, SC 29803

Title: VP (X) Delete  
Name: EMERSON MORAN, MICHAEL  
Address: 7 RUSSELLS PATH  
City-St-Zip: BREWSTER, MA 02631

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MORAN, MICHAEL E  
Address: 3250 BERMUDA ISLE CIRCLE #827  
City-St-Zip: NAPLES, FL 34109

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL MORAN

P

02/11/2009

Electronic Signature of Signing Officer or Director

Date