

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90020 002 ***158.75

DOCUMENT # P04000080387 1. Entity Name EMERGE CONSTRUCTION SUPPLIES AND SERVICES, INC.			
Principal Place of Business 224 DATURA ST., STE. 415 WEST PALM BEACH, FL 33401		Mailing Address 224 DATURA ST., STE. 415 WEST PALM BEACH, FL 33401	
2. Principal Place of Business 120 SOUTH OLIVE AVE Suite, Apt. #, etc. Suite 702 City & State WEST PALM BEACH, FL Zip 33401		3. Mailing Address 120 SOUTH OLIVE AVE Suite, Apt. #, etc. Suite 702 City & State WEST PALM BEACH, FL Zip 33401	
4. FEI Number 01-0816168		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01042005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent THOMAS-ANTHONY, TAMMY 224 DATURA ST., STE. 415 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent 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) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D THOMAS-ANTHONY, TAMMY 224 DATURA ST., STE. 415 WEST PALM BEACH, FL 33401 <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	D ANTHONY, CLARENCE E 224 DATURA ST., STE. 415 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date 01-06-05 Daytime Phone # 561-833-2377	

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