

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084210

FILED
Jul 11, 2005
Secretary of State

Entity Name: EMERGENCE PRODUCTIONS, INC.

Current Principal Place of Business:

12473 NESTING EAGLES WAY
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350097
JACKSONVILLE, FL 32235

New Mailing Address:

FEI Number: 84-1647073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, JENNIFFER
12473 NESTING EAGLES WAY
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIGAYA, MELENDEZ A
Address: 5450 BLUE PACIFIC DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP () Delete
Name: JENNIFFER, MARTINEZ D
Address: 12473 NESTING EAGLES WAY
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S () Change (X) Addition
Name: RETEGUIZ, KIMBERLY A
Address: 724 SELVA LAKES CIRCLE
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LIGAYA A. MELENDEZ

P

07/11/2005

Electronic Signature of Signing Officer or Director

Date