


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90030 044 ***150.00

DOCUMENT # P04000134981 1. Entity Name EDNA EMERSON ENTERPRISE, INCORPORATED					
Principal Place of Business 260 S LORRAINE DR MARY ESTHER DR, FL 32569			Mailing Address 260 S LORRAINE DR MARY ESTHER DR, FL 32569		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1686399	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EMERSON, EDNA 260 S LORRAINE DR MARY ESTHER DR, FL 32569				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <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, 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 EMERSON, EDNA 260 S LORRAINE DR MARY ESTHER DR, FL 32569		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Edna Emerson</i></u> PRESIDENT <u>01-14-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>01-14-05</u> Daytime Phone # <u>850-302-0530</u>					





ATTACHMENT
40003757
Division of Corporations

2005 Annual Report

**Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual
report form.**

This information cannot be changed on the report.	
Document Number	P04000134981
Business Entity Name	EDNA EMERSON ENTERPRISE, INCORPORATED
Original File Date	09/27/2004

FEI Number

Principal Address 260 S LORRAINE DR
MARY ESTHER DR, FL 32569

Mailing Address 260 S LORRAINE DR
MARY ESTHER DR, FL 32569

Registered Agent EDNA EMERSON
260 S LORRAINE DR
MARY ESTHER DR, FL 32569

Officer/Director Name And Address

D
EDNA EMERSON
260 S LORRAINE DR
MARY ESTHER DR, FL 32569

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