2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000004724

Entity Name: EMKA CONSTRUCTION, INC.

FILED Mar 05, 2009 Secretary of State

Entity Name: EMKA CONSTRUCTION, INC.	
Current Principal Place of Business:	New Principal Place of Business:
1805 CASTILE STREET ST. AUGUSTINE, FL 32080	205 WALER WAY UNIT # 2 ST. AUGUSTINE, FL 32086
Current Mailing Address:	New Mailing Address:
1805 CASTILE STREET ST. AUGUSTINE, FL 32080	205 WALER WAY UNIT # 2 ST. AUGUSTINE, FL 32086
FEI Number: 20-8332279 FEI Number Applied For () FEI Number	mber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
WHITE, KENNETH W 1805 CASTILE STREET ST. AUGUSTINE, FL 32080 US	LAURENCE, ROBERT J 205 WALER WAY UNIT # 2 ST. AUGUSTINE, FL 32086 US
The above named entity submits this statement for the purpose on the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: ROBERT J L LAURENCE	03/05/2009
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: P () Delete Name: WHITE, KENNETH W Address: 1805 CASTILE STREET City-St-Zip: ST. AUGUSTINE, FL 32080	Title: () Change () Addition Name: Address: City-St-Zip:
Title: () Delete Name: Address: City-St-Zip:	Title: VP () Change (X) Addition Name: ROBERT, LAURENCE F Address: 114 SOUTHWIND CIRLE City-St-Zip: ST. AUGUSTINE, FL 32080
Title: () Delete Name: Address: City-St-Zip:	Title: S/T () Change (X) Addition Name: ROBERT, LAURENCE J Address: 101 BILBAO DRIVE City-St-Zip: ST. AUGUSTINE, FL 32086

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: ROBERT J L LAURENCE S/T 03/05/2009