


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90002 017 ***150.00

| | | | |
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| DOCUMENT # P07000063969 | |  | |
| 1. Entity Name EMILY'S HOME INC | | | |
| Principal Place of Business 474 HASKELL AVE S.E. PALM BAY, FL 32909 | | Mailing Address 474 HASKELL AVE S.E. PALM BAY, FL 32909 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 26-0274994 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROBERTSON, MARSHA 474 HASKELL AVE S.E. PALM BAY, FL 32909 | | 7. Name and Address of New Registered Agent Name: Eileen Brown Street Address (P.O. Box Number is Not Acceptable): 474 Haskell Ave. SE. City: Palm Bay FL Zip Code: 32909 | |
| 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: Eileen Brown (President) 9/1/08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing) DATE | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BROWN, EILEEN J 6812 SW 22 STREET MIRAMAR, FL 33023 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Eileen Brown (CP) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 474 Haskell Ave. SE Palm Bay FL 32909 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP ROBERTSON, MARSHA F 6812 SW 22 STREET MIRAMAR, FL 33023 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Jeffrey Brown (VP) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 474 Haskell Ave. SE Palm Bay FL 32909 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIRE ROBERTSON, DWAYNE A 6812 SW 22 STREET MIRAMAR, FL 33023 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Dezrob Martin (DIRE) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 474 Haskell Ave. SE Palm Bay FL 32909 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIRE BROWN, JEFFRE G 6812 SW 22 ST MIRAMAR, FL 33023 <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 | <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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Eileen Brown | | 9/1/08 321-213 4739 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |