

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103244

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** NATIONAL EMERGENCY MANAGEMENT RESOURCE SERVICES, INC.

**Current Principal Place of Business:**

2817 NW 8TH PLACE  
OCALA, FL 34475 US

**New Principal Place of Business:**

**Current Mailing Address:**

2817 NW 8TH PLACE  
OCALA, FL 34475

**New Mailing Address:**

**FEI Number:** 26-1084096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMYOTTE, LAWRENCE R  
2817 NW 8TH PLACE  
OCALA, FL 34475 US

**Name and Address of New Registered Agent:**

RINGO, GARY  
2817 NW 8TH PLACE  
OCALA, FL 34475 US

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: GARY RINGO

04/22/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: RINGO, GARY L  
Address: 6826 NW 105TH AVE  
City-St-Zip: ALACHUA, FL 32615 US

Title: DIR ( ) Delete  
Name: RINGO, SCOTT M  
Address: 1340 NW GREAT RD STE 1272-212  
City-St-Zip: VIRGINIA BEACH, VA 23454 US

Title: DIR (X) Delete  
Name: AMYOTTE, LAWRENCE R  
Address: 5984 NE 63RD ST  
City-St-Zip: SILVER SPRINGS, FL 34488 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: GARY RINGO

DIR

04/22/2008

Electronic Signature of Signing Officer or Director

Date