

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128658

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: EMELLEIGH CONSULTING, INC.

## Current Principal Place of Business:

8951 EASTMAN DR  
TAMPA, FL 33626

## New Principal Place of Business:

## Current Mailing Address:

8951 EASTMAN DR  
TAMPA, FL 33626

## New Mailing Address:

FEI Number: 26-1383903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIDSON, MICHAEL  
8951 EASTMAN DR  
TAMPA, FL 33626 US

## Name and Address of New Registered Agent:

DAVIDSON, LISA  
8951 EASTMAN DR  
TAMPA, FL 33626 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: LISA DAVIDSON

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DAVIDSON, MICHAEL  
Address: 8951 EASTMAN DR  
City-St-Zip: TAMPA, FL 33626

Title: D (X) Delete  
Name: DAVIDSON, LISA  
Address: 8951 EASTMAN DR  
City-St-Zip: TAMPA, FL 33626

Title: D (X) Delete  
Name: COX, PATTY  
Address: 5006 PENTAIL CIR  
City-St-Zip: TAMPA, FL 33625

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DAVIDSON, LISA  
Address: 8951 EASTMAN DR  
City-St-Zip: TAMPA, FL 33626

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: LISA DAVIDSON

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date