


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90016 021 ***150.00

DOCUMENT # P93000016869					
1. Entity Name EMERSON ACORN, INC.					
Principal Place of Business 3728 PHILLIPS HWY SUITE 39 JACKSONVILLE, FL 32207 US			Mailing Address 3728 PHILLIPS HWY SUITE 39 JACKSONVILLE, FL 32207 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. <i>Suite 219</i>			Suite, Apt. #, etc. <i>Suite 219</i>		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03132007 Chg-P CR2E034 (12/06)	
4. FEI Number 59-3175588				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHILLIPS JR., PHILIP B 3728 PHILLIPS HWY SUITE 39 JACKSONVILLE, FL 32207			Name Street Address (P.O. Box Number is Not Acceptable) <i>Suite 219</i> City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P PHILLIPS JR, PHILIP B 3728 PHILLIPS HWY 39 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILLIPS, MARY K 3728 PHILLIPS HWY #39 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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 five empowered.					
SIGNATURE _____ <i>Philip B Phillips Jr</i> April 9, 2007 (904) 3969960					