

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90056 047 ***150.00

DOCUMENT # P93000068903

1. Entity Name
EMMITT ZONE, INC.



Principal Place of Business
**10030 N. MACARTHUR BLVD
SUITE 176
IRVING, TX 75063 US**

Mailing Address
**P.O. BOX 12646
PENSACOLA, FL 32574 US**

50006343



2. Principal Place of Business
5495 Beltline Road

3. Mailing Address

Suite, Apt. #, etc.
Suite 110S

Suite, Apt. #, etc.

01112005 Chg-P CR2E034 (10/03)

City & State
Dallas TX

City & State

4. FEI Number
59-3220180

Applied For
Not Applicable

Zip
75254

Country

Zip
32591

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, RAYMOND A JR.
316 S BAYLEN ST.
STE. 200
PENSACOLA, FL 32502**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **SMITH, EMMITT J III**
STREET ADDRESS **6350 N MOCKINGBIRD LANE**
CITY-ST-ZIP **PARADISE VALLEY, AZ 85253**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVST** ☐ Delete
NAME **SCOTT, WERNER**
STREET ADDRESS **10030 N. MACARTHUR BLVD**
CITY-ST-ZIP **IRVING, TX 75063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05
Date

972-701-8222
Daytime Phone #