

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/2:

FILED
Aug 15, 2008 8:00 am
Secretary of State

07-21-2008 90026 050 ***150.00

DOCUMENT # P93000068903 1. Entity Name EMMITT ZONE, INC.					
Principal Place of Business 5495 BELTLINE ROAD STE 110S DALLAS, TX 75-2254 US			Mailing Address P.O. BOX 12646 PENSACOLA, FL 32591 US		
2. Principal Place of Business - No P.O. Box # 5500 Preston Road		3. Mailing Address 5500 Preston Road			
Suite, Apt. #, etc. Suite 250		Suite, Apt. #, etc. Suite 250			
City & State Dallas, TX		City & State Dallas, TX			
Zip 75205	Country U.S.	Zip 75205	Country U.S.	4. FEI Number 59-3220180	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MOORE, RAYMOND A JR. 316 S BAYLEN ST. STE. 300 PENSACOLA, FL 32502				7. Name and Address of New Registered Agent Name Greg Hall Street Address (P.O. Box Number is Not Acceptable) 1320 North G. Street City Pensacola FL Zip Code 32501	
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 <u><i>[Signature]</i></u> DATE <u>8/11/08</u> (NOTE: Registered Agent signature required when redesignating)					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DP SMITH, EMMITT J III 5495 BELTLINE ROAD, STE 110S DALLAS, TX 75254		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Smith, Emmitt J III 5500 Preston Rd, Suite 250 Dallas, TX 75205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SCOTT, WERNER 10030 N. MACARTHUR BLVD IRVING, TX 75063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	No change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>7/17/08</u> Daytime Phone # <u>214-780-25X1</u>		

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