

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000006554

Entity Name: E.M.B. ENTERPRISES, INC.

FILED
Apr 03, 2004
Secretary of State

Current Principal Place of Business:

2869 54TH AVE. N.
ST. PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

PO BOX 20702
SAINT PETERSBURG, FL 337020702

New Mailing Address:

FEI Number: 59-3290606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCKNER, EDWARD M
22933 STERLING MANOR LOOP
LUTZ, FL 33549

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRUCKNER, EDWARD
Address: 22933 STERLING MANOR LOOP
City-St-Zip: LUTZ, FL 33549

Title: V () Delete
Name: MILLER, JUDITH
Address: 162 SUNLIT COVE DR NE
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: MILLER, JUDITH
Address: 8555 MACOMA DR. NE
City-St-Zip: ST. PETERSBURG, FL 33702

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWARD BRUCKNER

PD

04/03/2004

Electronic Signature of Signing Officer or Director

Date