2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058698

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 33610

CAMPISI, GRACE S

TAMPA, FL 33610

(X) Delete

2515 EAST HANNA AVENUE

AST

FILED Apr 26, 2005 Secretary of State

Entity Na	me: EME	MODULAR STRUCTURES, II	NC.					
Current Principal Place of Business:				New Principal Place of Business:				
2515 EAST HANNA AVENUE TAMPA, FL 33610				2515 E HANNA AVENUE TAMPA, FL 33610				
Current Mailing Address:				New Mailing Address:				
2515 EAST HANNA AVENUE TAMPA, FL 33610				2515 E HANNA AVENUE TAMPA, FL 33610				
FEI Number	: 59-3460632	FEI Number Applied For () FEI Num	ber Not Appl	icable ()	Certific	ate of Status Des	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
2515 EASTAMPA, F		VENUE US ity submits this statement for	the purpose of	changing it	ts registere	d office or i	registered age	nt, or both,
SIGNATUI								
Electronic Signature of Registered Agent				Date				
Election Car	npaign Finan	cing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	CD JURADO, J 2515 EAST TAMPA, FL	HANNA AVENUE		Title: Name: Address: City-St-Zip:	PD JURADO, J. 2515 E HAN TAMPA, FL	NA AVENUE	() Addition	
Title: Name: Address: City-St-Zip:	PD HAMRICK, 2515 EAST TAMPA, FL	HANNA AVENUE		Title: Name: Address: City-St-Zip:	C STANTON, 2515 E HAN TAMPA, FL	NA AVENUE	() Addition	
Title: Name: Address:		() Delete FRANKLIN R HANNA AVENUE		Title: Name: Address:	SD TOUPS, LE 2515 E HAN	(X) Change ON NA AVENUE	() Addition	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 33610

() Change () Addition

SIGNATURE: JOHN STANTON C 04/26/2005