


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90053 046 \*\*\*150.00

<b>DOCUMENT # P97000064926</b> 1. Entity Name <b>EMERALD SERVICES OF BRADENTON, INC.</b>					
Principal Place of Business <b>2008 28TH AVENUE EAST PALMETTO, FL 34221</b>			Mailing Address <b>POST OFFICE BOX 787 ELLENTON, FL 34222</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MCCAMMOND, STEPHEN K 6367 36TH COURT EAST ELLENTON, FL 34222</b>				Name Street Address (P.O. Box Number is Not Acceptable) <b>6309 34th Court East</b> City <b>Ellenton</b> <b>FL</b> Zip Code <b>34222</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCAMMOND, STEPHEN K		NAME		
STREET ADDRESS	6367 36TH COURT EAST		STREET ADDRESS	6309 34th Ct. East	
CITY-ST-ZIP	ELLENTON, FL 34222		CITY-ST-ZIP	Ellenton, FL 34222	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCAMMOND, DONNA T		NAME		
STREET ADDRESS	6367 36TH COURT EAST		STREET ADDRESS	6309 34th Ct. East	
CITY-ST-ZIP	ELLENTON, FL 34222		CITY-ST-ZIP	Ellenton, FL 34222	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: Donna T. McCammond</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Vice President</b> <small>Date</small>		
			<b>4-2-08</b> <small>Daytime Phone #</small>		