

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000083941

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: JOE EMS INSURANCE AGENCY, INC.

## Current Principal Place of Business:

7600 38TH AVENUE NORTH  
ST. PETERSBURG, FL 337101233

## New Principal Place of Business:

2945 49TH STREET N  
SUITE 2  
ST. PETERSBURG, FL 337102723

## Current Mailing Address:

7600 38TH AVENUE NORTH  
ST. PETERSBURG, FL 337101233

## New Mailing Address:

2945 49TH STREET N  
SUITE 2  
ST. PETERSBURG, FL 337102723

FEI Number: 59-3476397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EMS, JOSEPH R II  
7600 38TH AVENUE NORTH  
ST. PETERSBURG, FL 337101233 US

## Name and Address of New Registered Agent:

EMS, JOSEPH R II  
2945 49TH STREET N  
ST. PETERSBURG, FL 337102723 US

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:

01/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EMS, JOSEPH R II  
Address: 7600 38TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 337101233

Title: P ( ) Delete  
Name: EMS, JOSEPH R II  
Address: 7600- 38TH AVE N.  
City-St-Zip: ST PETERSBURG, FL 337101233

Title: V ( ) Delete  
Name: EMS, DELORES J  
Address: 7600- 38TH AVE NORTH  
City-St-Zip: ST. PETERSBURG, FL 337101233

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: EMS, JOSEPH R II  
Address: 2945 49TH STREET N  
City-St-Zip: ST. PETERSBURG, FL 337102723

Title: P (X) Change ( ) Addition  
Name: EMS, JOSEPH R II  
Address: 2945 49TH STREET N  
City-St-Zip: ST PETERSBURG, FL 337102723

Title: V (X) Change ( ) Addition  
Name: EMS, DELORES J  
Address: 2945 49TH STREET N  
City-St-Zip: ST. PETERSBURG, FL 337102723

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEPH R. EMS II

P

01/16/2008

Electronic Signature of Signing Officer or Director

Date