

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90222 020 \*\*\*150.00

**DOCUMENT # P98000089478**

1. Entity Name  
**EMMANUEL PUBLISHING, INC.**



Principal Place of Business

~~1603 GEORGIA ST.~~ **1707 Canova St.**  
~~UNIT 2~~ **Unit 5**  
~~PALM BAY, FL 32909~~ **Palm Bay FL 32909**

Mailing Address

~~1520 BOTTLEBRUSH DRIVE NE, #2M~~  
~~PALM BAY, FL 32905~~

**1707 Canova Street**  
**Unit 5**  
**Palm Bay, FL 32909**



**DO NOT WRITE IN THIS SPACE**

01272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3536178**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, ANGELA**  
~~1520 BOTTLEBRUSH DRIVE NE, #2M~~  
~~PALM BAY, FL 32905~~

**1707 Canova Street**  
**Unit 5**  
**Palm Bay, FL 32909**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOORE, ANGELA
STREET ADDRESS	<del>1520 BOTTLEBRUSH DRIVE NE, #2M</del> <b>3906 Jupiter Blvd SE</b>
CITY - ST - ZIP	<del>PALM BAY, FL 32905</del> <b>Palm Bay, FL 32909</b>
TITLE	VP
NAME	MOORE, PATIENCE
STREET ADDRESS	3902 JUPITER BLVD SE
CITY - ST - ZIP	PALM BAY, FL 32909
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #