

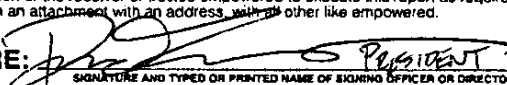


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2005 8:00 am
Secretary of State

04-04-2005 90047 036 ***150.00

DOCUMENT # P99000019965			
1. Entity Name EMMONS STEEL DETAILING, INC.			
Principal Place of Business 401 NORTH 16TH AVENUE PENSACOLA, FL 32501		Mailing Address 401 NORTH 16TH AVENUE PENSACOLA, FL 32501	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03142005		Chg-P CR2E034 (10/03)	
4. FEI Number 59-3577347		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EMMONS, DAVID E 1512 TEMPLEMORE DR CANTONMENT, FL 32533		7. Name and Address of New Registered Agent Name Emmons, David E Street Address (P.O. Box Number is Not Acceptable) 401 North 16th Avenue City Pensacola FL Zip Code 32501	
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 		DAVID EMMONS, PRESIDENT 4/19/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EMMONS, DAVID 1512 TEMPLEMORE DR CANTONMENT, FL 32533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Emmons, David 401 North 16th Avenue Pensacola, FL 32501 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or without other like empowered.			
SIGNATURE: 		(850) 438-6819	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	