
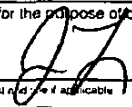
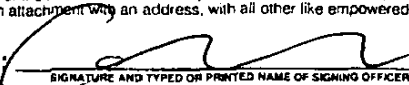


2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-06-2005 90001 016 ***150.00

DOCUMENT # P99000034581 1. Entity Name EMESE, INC.					
Principal Place of Business 44 FELSHIRE LANE PALM COAST, FL 32137			Mailing Address 44 FELSHIRE LANE PALM COAST, FL 32137		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3568451	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LOGUIDICE, JOSEPH A 1515 RIDGE WOOD AVE STE A HOLLY HILL, FL 32117				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE 				DATE 4/30/05	
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 D COPOLLA, CLAUDIO C 44 FELSHIRE LANE PALM COAST, FL 32137				TITLE NAME STREET ADDRESS CITY - ST - ZIP <input 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	
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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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	
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					

66023628



04292005 Chg-P CR2E034 (10/03)

4/30/05 156304-1000

ATTACHMENT

Florida Department of State

Attn: (UBR 2005)

P O Box 6327

Tallahassee, FL 32314-6327

66023628
#P99000034581

May 11, 2005

Dear Sir or Madam:

As per our conversation 05/05/05 with your office, this letter is to inform your office that

We never received report for the 2005 uniform business report. We sent in a letter changing our

mailing address when the office moved. Our office spoke with a

supervisor this person advised me to let your office know of the correct address.

Your office also said all penalty fees would be waved due to the problems our company had with the mailing address.

Furthermore due to the hurricanes we were put behind in any processing of mail and bill paying.

Please make the Correct changes to my records and file my corporation UBR from for 2005.

Thank you for your time in concerning this matter.

Sincerely,

Emese, Inc

44 Felshire Lane

Palm Coast FL 32137