

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90184 006 ***150.00

DOCUMENT # P99000061403 1. Entity Name EMBIAR CONSTRUCTION & DESIGN, INC.			
Principal Place of Business 16748 LAKEVIEW DRIVE UMATILLA, FL 32784		Mailing Address P O BOX 730 ALTOONA, FL 32702-0730	
2. Principal Place of Business 19233 WILLIS V MCCALL RD Suite, Apt. #, etc.		3. Mailing Address 19233 WILLIS V MCCALL RD Suite, Apt. #, etc.	
City & State UMATILLA FL Zip 32784		City & State UMATILLA FL Zip 32784	
4. FEI Number 59-3586995		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTS, MICHAEL B 16748 LAKEVIEW DRIVE UMATILLA, FL 32784		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 19233 WILLIS V MCCALL RD City UMATILLA FL Zip Code 32784	
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 <i>X [Signature]</i>		DATE X 4/6/05	
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	PD ROBERTS, MICHAEL B 16748 LAKEVIEW DRIVE UMATILLA, FL 32784	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, MICHAEL B 19233 WILLIS V MCCALL RD UMATILLA FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, JACK K 16748 LAKEVIEW DRIVE UMATILLA, FL 32784	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, JACK K 19233 WILLIS V MCCALL RD UMATILLA FL 32784
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
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: <i>X [Signature]</i>		DATE X 4/6/05	

50036195



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