

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90019 024 ***158.75

DOCUMENT # S56059

1. Entity Name

EMERALD VENTURES, INC.



Principal Place of Business

913 NW 124TH DR
NEWBERRY FL 32669
US

Mailing Address

913 NW 124TH DR
SUITE 200
NEWBERRY FL 32669
US

2. Principal Place of Business

236 SW 128 TERR

Suite, Apt. #, etc.

3. Mailing Address

236 SW 128 Terr.

Suite, Apt. #, etc.

City & State

Newberry FL

Zip

32669

Country

USA

City & State

Newberry FL

Zip

32669

Country

USA

4. FEI Number

59-3069834

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WALKER, S. SCOTT
527 E. UNIVERSITY AVENUE
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

RUSSELL, CYNTHIA
14103 W. NEWBERRY RD SUITE 200 236 SW 128 TERR
NEWBERRY FL 32669 Newberry, FL 32669

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.23.04

Date

Daytime Phone #