


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90375 006 ***158.75

DOCUMENT # S66485					
1. Entity Name EMILY'S BOUTIQUE INC.					
Principal Place of Business 8189 PELICAN HARBOUR DRIVE LAKE WORTH FL 33467			Mailing Address 8189 PELICAN HARBOUR DRIVE LAKE WORTH FL 33467		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0275650	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRADBURN, EMILY S. 8189 PELICAN HARBOUR DRIVE LAKE WORTH FL 33467				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 <u>Emily S. Bradburn</u> <u>Emily S. Bradburn</u> DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADBURN, EMILY S		NAME	Emily S. Bradburn	
STREET ADDRESS	8189 PELICAN HARBOUR DRIVE		STREET ADDRESS	8189 Pelican Harbour Dr.	
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP	LAKE WORTH, FL. 33467	
TITLE	C	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADBURN, ERIC H		NAME	ERIC H. BRADBURN	
STREET ADDRESS	8189 PELICAN HARBOUR DRIVE		STREET ADDRESS	451 NORTHSTAR DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP	HARRISBURG, PA. 17112	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADBURN, BRYAN K		NAME	BRYAN K. BRADBURN	
STREET ADDRESS	8189 PELICAN HARBOUR DRIVE		STREET ADDRESS	8070 96th Ct.	
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP	VERO BEACH, FL. 32967	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADBURN, ROY F.		NAME		
STREET ADDRESS	1219 AUTUMN		STREET ADDRESS		
CITY-ST-ZIP	TROY MI		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Emily S. Bradburn</u> <u>Emily S. Bradburn</u> <u>4-13-05</u> <u>561-965-3130</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					