

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90024 001 ***150.00



DOCUMENT # V70501
 1. Entity Name
JOHN C. EMERSON, III, INC.

Principal Place of Business Mailing Address
966 CANDLELIGHT BLVD. **966 CANDLELIGHT BLVD.**
BROOKSVILLE FL 34601 **BROOKSVILLE FL 34601**
US **US**

2. Principal Place of Business 3. Mailing Address
23250 Turkey Trot Ln. *23250 Turkey Trot Ln.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Brooksville FL *Brooksville, FL*
 Zip Country Zip Country
34601 *USA* *34601* *USA*



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
MANUEL, GENE
966 CANDLELIGHT BLVD.
BROOKSVILLE FL 34601

4. FEI Number Applied For
59-3147538 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name *Lynn L. Mountain*
 Street Address (P.O. Box Number is Not Acceptable) *23250 Turkey Trot Ln*
 City *Brooksville* **FL** Zip Code *34601*

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 *Lynn L. Mountain* Director 2/4/04
 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	D <input type="checkbox"/> Delete
NAME	DAVID, JOSEPH D
STREET ADDRESS	315 HOWELL AVE
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	D <input type="checkbox"/> Delete
NAME	MANUEL, C.E.
STREET ADDRESS	966 CANDLELIGHT BLVD.
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	MOUNTAIN, LYNN
STREET ADDRESS	23250 TURKEY TROT LANE
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	D <input type="checkbox"/> Delete
NAME	MANUEL, PAUL A
STREET ADDRESS	7026 LITTLE ROAD
CITY-ST-ZIP	NEW PORT RICHEY FL 34654
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Lynn L. Mountain* 2/4/04 352-279-3019
 Signature and typed or printed name of signing officer or director Date Daytime Phone #