

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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



Principal Place of Business 23250 TURKEY TROT LANE BROOKSVILLE FL 34601 US	Mailing Address P.O. BOX 1931 BROOKSVILLE FL 34605-1931 US
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-3147538	Applied For (Not Applicable)
------------------------------------	---------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent MOUNTAIN, LYNN L 23250 TURKEY TROT LANE BROOKSVILLE FL 34601
--

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 <small>Signature typed in printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE
--	------

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> Delete DAVID, JOSEPH D
NAME	DAVID, JOSEPH D
STREET ADDRESS	315 HOWELL AVE
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	<input checked="" type="checkbox"/> Delete MANUEL, C.E.
NAME	MANUEL, C.E.
STREET ADDRESS	966 CANDLELIGHT BLVD.
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	<input checked="" type="checkbox"/> Delete MOUNTAIN, LYNN
NAME	MOUNTAIN, LYNN
STREET ADDRESS	23250 TURKEY TROT LANE
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	<input checked="" type="checkbox"/> Delete MANUEL, PAUL A
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	

U00000507521
04/27/06-80062-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 	Date: 4/11/06 352275-3019
---	----------------------------------