


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # V70501 1. Entity Name JOHN C. EMERSON, III, INC.	
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Principal Place of Business 23250 TURKEY TROT LANE BROOKSVILLE FL 34601 US	Mailing Address P.O. BOX 1931 BROOKSVILLE FL 34605-1931 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3147538	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 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 <div style="text-align: right;"> FL Zip Code </div>
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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 _____ DATE _____

(Signature typed or printed name of registered agent on this application) (Name of Registered Agent and title required when filing) (Date)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D	
NAME	DAVID, JOSEPH D	
STREET ADDRESS	315 HOWELL AVE	
CITY-STATE-ZIP	BROOKSVILLE FL 34601	
TITLE	D	
NAME	MANUEL, C.E.	
STREET ADDRESS	966 CANDLELIGHT BLVD.	
CITY-STATE-ZIP	BROOKSVILLE FL	
TITLE	D	
NAME	MOUNTAIN, LYNN	
STREET ADDRESS	23250 TURKEY TROT LANE	
CITY-STATE-ZIP	BROOKSVILLE FL 34601	
TITLE	D	
NAME	MANUEL, PAUL A	
STREET ADDRESS	7026 LITTLE ROAD	
CITY-STATE-ZIP	NEW PORT RICHEY FL 34654	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

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 empowerments.

SIGNATURE:  3/13/08 352-274-3019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Printing Name