


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000001801

1. Entity Name
THE A.H. EMERY COMPANY



Principal Place of Business Mailing Address
73 COGWHEEL LANE **73 COGWHEEL LANE**
SEYMOUR CT 06483 **SEYMOUR CT 06483**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **06-0888858** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LUCAS, DAVID L
1060 E INDUSTRIAL DR., UNIT O & P
ORANGE CITY FL 32763

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CS	<input type="checkbox"/> Delete
NAME	YOUNG, WALTER M	
STREET ADDRESS	73 COGWHEEL LN	
CITY-ST-ZIP	SEYMOUR CT 06483	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FISCHER, WILLIAM K	
STREET ADDRESS	73 COGWHEEL LN	
CITY-ST-ZIP	SEYMOUR CT 06483	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAISCH, RUDOLF P	
STREET ADDRESS	73 COGWHEEL LN	
CITY-ST-ZIP	SEYMOUR CT 06483	
TITLE	D	<input type="checkbox"/> Delete
NAME	GINER, JOSEPH	
STREET ADDRESS	73 COGWHEEL LN	
CITY-ST-ZIP	SEYMOUR CT 06483	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOEFFLER, WALTER E	
STREET ADDRESS	73 COGWHEEL LN	
CITY-ST-ZIP	SEYMOUR CT 06483	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS, GEORGE D JR	
STREET ADDRESS	73 COGWHEEL LN	
CITY-ST-ZIP	SEYMOUR CT 06483	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100000044040	
CITY-ST-ZIP	02/11/04-80004-023 150.00	
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)(f), 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

Date _____ Daytime Phone # _____