

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90015 027 \*\*\*150.00

**DOCUMENT # 279838**  
 1. Entity Name  
 NAPLES INSURANCE AGENCY, INC.



Principal Place of Business: 99 9TH ST N., NAPLES, FL 33940  
 Mailing Address: 99 9TH ST N., NAPLES, FL 33940

REVOLVER



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

04292004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: 59-1056609  
 Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent  
 HOLBROOK, JESSE C JR  
 99 NINTH ST. N.  
 NAPLES, FL 33940

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**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVTS	<input type="checkbox"/> Delete
NAME	HOLBROOK, JC	
STREET ADDRESS	99 9TH ST N	
CITY-ST-ZIP	NAPLES, FL 00000,	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLBROOK, JESSE C. J	
STREET ADDRESS	99 9TH ST N	
CITY-ST-ZIP	NAPLES, FL 00000,	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOLBROOK, JEFFERY C.	
STREET ADDRESS	99 9TH ST N	
CITY-ST-ZIP	NAPLES, FL 00000,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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: DATE: 5/14/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Daytime Phone #: 239 262 2108 x23