

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 299612
1. Entity Name
ELSTON INSURANCE AGENCY, INC.

Principal Place of Business
2002 CEDAR RUN DRIVE
PLANT CITY, FL 33564-1447

Mailing Address
P.O. BOX 1270
316 N ALEXANDER
PLANT CITY, FL 33564-1270



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0895002

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ELSTON, RICHARD D
2002 CEDAR RUN DR.
PLANT CITY, FL 33563

DO NOT WRITE IN THIS SPACE

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 _____ (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	PD
NAME	ELSTON, RICHARD D
STREET ADDRESS	2003 CEDAR RUN
CITY-ST-ZIP	PLANT CITY, FL 335631447
TITLE	SD
NAME	ELSTON, SHIRLEY R.
STREET ADDRESS	2003 CEDAR RUN
CITY-ST-ZIP	PLANT CITY, FL 335631447
TITLE	VD
NAME	ELSTON, KATHERYN A.
STREET ADDRESS	2003 CEDAR RUN
CITY-ST-ZIP	PLANT CITY, FL 335631447
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Richard D Elston*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/04 812 282 5370
Date Daytime Phone #