

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90032 026 ***150.00



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1. Entity Name

EQUITY LEADERSHIP INSURANCE AGENCY, INC.

Principal Place of Business

6766 S. REVERE PARKWAY
 SUITE 100
 CENTENNIAL CO 80112

Mailing Address

6766 S. REVERE PARKWAY
 SUITE 100
 CENTENNIAL CO 80012



2. Principal Place of Business - No P.O. Box #

8800 University Pkwy
 Suite, Apt. #, etc. B-6

3. Mailing Address

8800 University Pkwy
 Suite, Apt. #, etc. B-6

1st MOORE CR2E034 (10/07)

City & State
 Pensacola FLA

City & State
 Pensacola FLA

4. FEI Number 72-1534566

Applied For
 Not Applicable

Zip Country
 32514 USA

Zip Country
 32514 USA

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

6. Name and Address of Current Registered Agent

PETERSEN, RANDALL
 8800 UNIVERSITY PARKWAY #B6
 PENSACOLA FL 32514

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

[Handwritten Signature]

1/29/08
 DATE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when constituting)

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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	SORENSON, CRAIG A	
STREET ADDRESS	6766 S. REVERE PARKWAY, SUITE 100	
CITY-ST-ZIP	CENTENNIAL CO 80112	
TITLE	D & Chairman	<input type="checkbox"/> Delete
NAME	PETERSEN, RANDALL	
STREET ADDRESS	8800 UNIVERSITY PARKWAY #B6	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	S	<input type="checkbox"/> Delete
NAME	PATERSON, KIMBERLY S	
STREET ADDRESS	6766 S. REVERE PARKWAY, SUITE 100	
CITY-ST-ZIP	CENTENNIAL CO 80112	
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
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STREET ADDRESS	
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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 exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

1/29/08 850 494 1422
 Date Daytime Phone #