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	Mailing Address
6766 S. REVERE PARKWAY SUITE 100 CENTENNIAL CO 80112	6766 S. REVERE PARKWAY SUITE 100 CENTENNIAL CO 80012

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8800 University Pkwy	8800 University Pkwy
Suite, Apt. #, etc.: B-6	Suite, Apt. #, etc.: B-6
City & State: Pensacola FLA	City & State: Pensacola FLA
Zip: 32514 Country: USA	Zip: 32514 Country: USA

1st MOORE CR2E034 (10/07)

4. FEI Number 72-1534566 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETERSEN, RANDALL 8800 UNIVERSITY PARKWAY #B6 PENSACOLA FL 32514	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 _____ (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing) DATE 1/29/08

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SORENSON, CRAIG A	NAME	
STREET ADDRESS	6766 S. REVERE PARKWAY, SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	CENTENNIAL CO 80112	CITY-ST-ZIP	
TITLE	D & Chairman ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PETERSEN, RANDALL	NAME	
STREET ADDRESS	8800 UNIVERSITY PARKWAY #B6	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PATERSON, KIMBERLY S	NAME	
STREET ADDRESS	6766 S. REVERE PARKWAY, SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	CENTENNIAL CO 80112	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: _____ 1/29/08 850 494 1422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #