

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L93104

FILED
Jan 16, 2009
Secretary of State

Entity Name: EMERALD PREMIUM FINANCE COMPANY

Current Principal Place of Business:

725 PENINSULAR PLACE
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

PO BOX 2909
JACKSONVILLE, FL 322032909 US

New Mailing Address:

FEI Number: 59-3027570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'LEARY, DANIEL C III
725 PENINSULAR PLACE
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: O'LEARY, DANIEL C III
Address: 4333 SWEET GUM LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD () Delete
Name: O'LEARY, BRIAN P
Address: 725 PENINSULAR PLACE
City-St-Zip: JACKSONVILLE, FL 32204

Title: VDT () Delete
Name: O'LEARY, DANIEL C
Address: 1344 BELVEDERE AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VDS () Delete
Name: O'LEARY, ERIN K
Address: 4519 COLUMBUS CIRCLE, UNIT 2
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL C. O'LEARY, III

C

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date