

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041513

FILED  
Mar 18, 2004  
Secretary of State

**Entity Name:** EMERY A. ABSHIER INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6006 S.E. ABSHIER BOULEVARD  
BELLEVIEW, FL 34420

**New Principal Place of Business:**

**Current Mailing Address:**

6006 S.E. ABSHIER BOULEVARD  
BELLEVIEW, FL 34420

**New Mailing Address:**

**FEI Number:** 59-3639558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KUHN, DANIEL  
3080 SE 50TH PLACE  
OCALA, FL 34480 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: D ( ) Delete  
Name: ABSHIER, EMERY A  
Address: 6006 S.E. ABSHIER BOULEVARD  
City-St-Zip: BELLEVIEW, FL 34420

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** EMERY A ABSHIER

PRES

03/18/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date