


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90026 044 ***150.00

| | |
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| DOCUMENT # P00000084995 |  |
| 1. Entity Name EMPIRE GENERAL INSURANCE AGENCY, INC. | |

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|---|---|
| Principal Place of Business 3423 E SILVER SPRINGS SUITE 3A OCALA FL 34470 | Mailing Address 3423 E SILVER SPRINGS SUITE 3A OCALA FL 34470 |
|---|---|



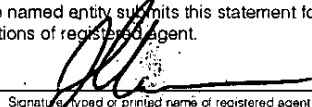
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E034 (10/04)

| | | |
|---|--|--|
| 4. FEI Number 65-1036245 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent CANTRELL, LLOYD N 2360 SE 173RD COURT SILVER SPRINGS FL 34488 | | 7. Name and Address of New Registered Agent Name JEREMY L CANTRELL Street Address (P.O. Box Number is Not Acceptable) 17621 SE 19th PLACE City SILVER SPRINGS FL Zip Code 34488 | |
|---|--|---|--|

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  **JEREMY L CANTRELL/DIRECTOR** 3/28/05
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|-------------------------|--|--|---|--|---|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CANTRELL, LLOYD N | | | NAME | | | |
| STREET ADDRESS | 2360 SE 173RD COURT | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SILVER SPRINGS FL 34488 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CANTRELL, JEREMY L | | | NAME | | | |
| STREET ADDRESS | 17621 SE 19TH PLACE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SILVER SPRINGS FL 34488 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CANTRELL, JAMES L | | | NAME | | | |
| STREET ADDRESS | 17541 SE 27TH LANE RD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SILVER SPRINGS FL 34488 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CANTRELL, JUDY E | | | NAME | | | |
| STREET ADDRESS | 2360 SE 173RD COURT | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SILVER SPRINGS FL 34488 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **JEREMY L CANTRELL** 3/28/05 352-369-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #