

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101916

FILED  
Jan 08, 2004  
Secretary of State

**Entity Name:** EMERALD SPRINGS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6101 THRESHER DR  
NAPLES, FL 34112

**New Principal Place of Business:**

17595 SOUTH TAMIAMI TR  
SUITE 200.1  
FORT MYERS, FL 33908

**Current Mailing Address:**

6101 THRESHER DR  
NAPLES, FL 34112

**New Mailing Address:**

P O BOX 9  
NAPLES, FL 34106

**FEI Number:** 59-3673877

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORAN, DAVID M  
4762 CAPRI DR  
NAPLES, FL 341032509 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: DPT ( ) Delete  
Name: HOLBROOK, J. CRAIG  
Address: 6101 THRESHER DR  
City-St-Zip: NAPLES, FL 34112

Title: DVS ( ) Delete  
Name: HOLBROOK, JILL  
Address: 6101 THRESHER DR  
City-St-Zip: NAPLES, FL 34112

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

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 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: J.CRAIG HOLBROOK

PRES

01/08/2004

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

\_\_\_\_\_  
Date