

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