2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101916

Entity Name: EMERALD SPRINGS INSURANCE AGENCY. INC.

FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
17595 SOUTH TAMIAMI SUITE 200.1 FORT MYERS, FL 3390			
Current Mailing Address:		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:		Name and Address of New Registered Agent:	
MORAN, DAVID M 4762 CAPRI DR NAPLES, FL 341032509	US		
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	l office or registered agent, or both
SIGNATURE:			
0.0.0.0.0.	nic Signature of Registered Age		Date

OFFICERS AND DIRECTORS:

City-St-Zip:

NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

NAPLES, FL 34119

City-St-Zip:

Title: () Delete Title: (X) Change () Addition HOLBROOK, J. CRAIG HOLBROOK, J. CRAIG Name: Name: 6101 THRESHER DR Address: 1993 ISLA DE PALMA CR Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34119 Title: DVS () Delete Title: DVS (X) Change () Addition HOLBROOK, JILL HOLBROOK, JILL Name: Name: Address: 6101 THRESHER DR Address: 1993 ISLA DE PALMA CR

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: CRAIG HOLBROOK DPT 01/05/2005