

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101916

FILED  
Jan 18, 2006  
Secretary of State

Entity Name: EMERALD SPRINGS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

17595 SOUTH TAMiami TR  
SUITE 200.1  
FORT MYERS, FL 33908

**New Principal Place of Business:**

99 9TH ST NORTH  
NAPLES, FL 34102

**Current Mailing Address:**

P O BOX 9  
NAPLES, FL 34106

**New Mailing Address:**

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: 1993 ISLA DE PALMA CR  
City-St-Zip: NAPLES, FL 34119

Title: DVS ( ) Delete  
Name: HOLBROOK, JILL  
Address: 1993 ISLA DE PALMA CR  
City-St-Zip: NAPLES, FL 34119

**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 Chapter 119, 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

01/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date