


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000085945

1. Entity Name
EMERSON INSURANCE AGENCY, INC.



Principal Place of Business
7405 HOLY HILL LANE
YALAH, FL 34797

Mailing Address
P.O. BOX 492056
LEESBURG, FL 34749-2056 US



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3214768

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

EMERSON, CHRISTOPHER R
7405 HOLY HILL LANE
YALAH, FL 34797

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

1100000112401
04/14/04-80021-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT EMERSON, CHRISTOPHER R 7405 HOLY HILL LANE YALAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS EMERSON, SARA S 7405 HOLY HILL LANE YALAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Christopher R. Emerson 4-13-04 352-324-3068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #