2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2004
Secretary of State

DOCUMENT# P97000083941

Entity Name: JOE EMS INSURANCE AGENCY, INC.

Current Principal Place of Business:

7600 38TH AVENUE NORTH
ST. PETERSBURG, FL 337101233

New Principal Place of Business:

Current Mailing Address:

7600 38TH AVENUE NORTH
ST. PETERSBURG, FL 337101233

New Mailing Address:

FEI Number: 59-3476397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EMS, JOSEPH II
7600 38TH AVENUE NORTH
ST. PETERSBURG, FL 337101233

Name and Address of New Registered Agent:

EMS, JOSEPH R II
7600 38TH AVENUE NORTH
ST. PETERSBURG, FL 337101233

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: JOSEPH R EMS II 01/19/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EMS, JOSEPH II
Address: 7600 38TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 337101233

Title: P ( ) Delete
Name: EMS, JOSEPH R II
Address: 7600-38TH AVE N.
City-St-Zip: ST PETERSBURG, FL 337101233

Title: V ( ) Delete
Name: EMS, DELORES J
Address: 7600- 38TH AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 337101233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOSEPH R EMS II P 01/19/2004
Electronic Signature of Signing Officer or Director Date