

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # F06000003924	
1. Entity Name TRIAD INSURANCE MANAGEMENT & SERVICES AGENCY, INC.	

Principal Place of Business 116 JOHN ROBERT THOMAS DR., SUITE A EXTON, PA 19341	Mailing Address 116 JOHN ROBERT THOMAS DR., SUITE A EXTON, PA 19341
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 23-3060386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HATCH, JOHN D ESQ.
1267 BERKSHIRE LANE, SUITE 200
TARPON SPRINGS, FL 34688

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000675861
03/30/07-80036-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAZZONE, JOSEPH 244 LATERNBACK ISLAND DRIVE SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, ROBERT W 66 N. ATLANTIC AVE. #106 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STUBBENDIECK, BRADLEY A 614 BEAUMONT CIRCLE WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Bradley A. Stubbendieck* Vice President *Bradley A. Stubbendieck* 3/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #