2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# P07000072995

Entity Name: BRAD BURNS INSURANCE, INC.

Current Principal Place of Business:

2069 N MONROE ST.
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3745
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 26-0405007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNS, WILLIAM B
2514 LAGRANGE TR.
TALLAHASSEE, FL 32312 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

OFFICERS AND DIRECTORS:

Title: P
Name: BURNS, WILLIAM B
Address: 2514 LAGRANGE TR
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: S
Name: BURNS, WILLIAM B
Address: 2514 LAGRANGE TR.
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VP
Name: HOHMAN, JOHN A
Address: 3047 KILLEARN POINT CT.
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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 all other like empowered.

SIGNATURE: JOHN HOHMAN CFO 01/06/2012

Electronic Signature of Signing Officer or Director Date