


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90186 014 \*\*\*150.00

**DOCUMENT # 165570**

1. Entity Name  
**INSURANCE BUREAU, INC.**



Principal Place of Business: 1515 N. WESTSHORE BLVD., P.O. BOX 31087, TAMPA, FL 33631

Mailing Address: 1515 N. WESTSHORE BLVD., P.O. BOX 31087, TAMPA, FL 33631

**DO NOT WRITE IN THIS SPACE**

40080910



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0660431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, THOMAS E  
 1515 N WESTSHORE BLVD  
 TAMPA, FL 33607

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS BAKEWELL, KEVIN W 12594 92ND WAY N PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOMLIN, JOHN A 18008 CLEAR LAKE DR. LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'BRIEN, THOMAS E 315 INNER HARBOUR CIRCLE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCKEE, ROBERT A 2916 CYPRESS RIDGE PALM HARBOR, FL 34684
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 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:**  **Kevin W. Bakewell** 4/18/07 813-289-5057  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #