


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90041 004 \*\*\*150.00

**DOCUMENT # 201703**  
 1. Entity Name  
**BRADENTON INSURANCE, INC.**



Principal Place of Business      Mailing Address  
**1400 8TH AVE DR W**      **1400 8TH AVE DR W**  
**BRADENTON, FL 34205-6719 US**      **BRADENTON, FL 34205-6719**

**34009798**

2. Principal Place of Business      3. Mailing Address  
**1400 Ballard Park Dr**      **1400 Ballard Park Dr**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



01152004    Chg-P    CR2E034 (10/03)

City & State      City & State  
**Bradenton, FL**      **Bradenton, FL**  
 Zip      Country      Zip      Country  
**34205**      **USA**      **34205**      **USA**

4. FEI Number      Applied For  
**59-0901406**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**WIECHEL, J. ALDEN, JR.**  
**1400 8TH AVE. DR. W.**  
**BRADENTON, FL 34205**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

**\*10. OFFICERS AND DIRECTORS**

TITLE	PSD	<input type="checkbox"/> Delete
NAME	WEICHEL JR, J ALDEN	
STREET ADDRESS	1400 8TH AVE., DR. W.	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	WENTZELL, ROBERT	
STREET ADDRESS	1400 8TH AVE. DR. W.	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1400 Ballard Park Dr	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1400 Ballard Park Dr	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** J Alden Weichel, Jr      [Signature]      2/18/04      941-748-0511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #