

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 201703**

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



Principal Place of Business  
**1400 BALLARD PARK DR.**  
**BRADENTON, FL 34205-6719 US**

Mailing Address  
**1400 BALLARD PARK DR.**  
**BRADENTON, FL 34205-6719 US**



04202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0901406</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WIECHEL, J. ALDEN, JR.**  
**1400 BALLARD PARK DR**  
**BRADENTON, FL 34205**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$350.00**

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	PSD WEICHEL JR, J ALDEN 1400 BALLARD PARK DR. BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT WENTZELL, ROBERT 1400 BALLARD PARK DR. BRADENTON, FL 34205
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**DO NOT WRITE IN THIS SPACE**

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 05/01/07-80105-014 150.00

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:**

*Robert Wentzell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/07*  
 Date

*941 748-0511*  
 Daytime Phone #