## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F78820

FILED Apr 29, 2008 Secretary of State

Entity Name: BARDES AND GLEASON INSURANCE AGENCY, INC.

Current Principal Place of Business:		New Principal Place of Business:		
300 SE 1 SUITE 220		33316 US		
	,		Name Mailine a Aulabara	
urrent iv	lailing Addre	SS:	New Mailing Addres	SS:
300 SE 1 SUITE 220 T LAUDE		33316 US		
El Number	: 59-2203508	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
300 SE 1	FRANK DP 7TH ST., STE FRDALE, FL			
T LAUDE	RDALE, FL 3			
T LAUDE he above	,		purpose of changing its registere	ed office or registered agent, or both,
T LAUDE he above the State	named entity e of Florida.		purpose of changing its registere	ed office or registered agent, or both,
T LAUDE he above the State	named entity e of Florida. RE:			ed office or registered agent, or both,  Date
T LAUDE he above h the State	named entity e of Florida. RE: Electro	submits this statement for the		
T LAUDE The above the State GIGNATUI	named entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered Ang Trust Fund Contribution ( ).	gent	
T LAUDE The above the State GIGNATUI	e named entity e of Florida.  RE:  Electro  mpaign Financir  S AND DIRECT  DVP ( GLEASON JR, 400 SE 12TH:	submits this statement for the nic Signature of Registered A ng Trust Fund Contribution ( ).  CTORS:  ) Delete , THOMAS W	gent	Date
T LAUDE he above the State lGNATUI lection Car PFFICER: ttle: ame: ddress:	e named entity e of Florida.  RE:  Electro  Impaign Financir  S AND DIRECT  DVP ( GLEASON JR, 400 SE 12TH: FORT LAUDER  DP ( ATLASS, FRAIT 1300 SE 17TH)	submits this statement for the submits this statement for the specific signature of Registered A and Trust Fund Contribution ( ).  CTORS:  ) Delete , THOMAS W ST BLDG B RDALE, FL 33316  ) Delete	gent  ADDITIONS/CHANG  Title: Name: Address:	Date EES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANK ATLASS DP 04/29/2008