


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90047 037 \*\*\*150.00

<b>DOCUMENT # H60350</b> 1. Entity Name <b>BRUNER'S INSURANCE AGENCY OF EASTLAKE, INCORPORATED</b>			
Principal Place of Business <b>7614 N 56TH ST TAMPA, FL 33617</b>		Mailing Address <b>7614 N 56TH ST TAMPA, FL 33617</b>	
2. Principal Place of Business - No P.O. Box # <b>9718 N 56TH ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>9718 N. 56TH ST</b> Suite, Apt. #, etc.	
City & State <b>TAMPA, FL</b> Zip <b>33617</b>		City & State <b>TAMPA, FL</b> Zip <b>33617</b>	
4. FEI Number <b>59-2543963</b>		Applied For <input type="checkbox"/> 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  <b>FOLEY, PETER R 7614 N 56TH ST TAMPA, FL 33617</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9718 N. 56TH ST.</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33617</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LILLY, GARY P. 7610 N 56TH ST TAMPA, FL 33617	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOLEY, PETER M 7610 N 56TH ST TAMPA, FL 33617	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOLEY, PETER M 7610 N 56TH ST TAMPA, FL 33617	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>X</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2-6-08</b> Daytime Phone # <b>813-988-3148</b>	