

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # M75374

1. Entity Name
VIVIAN Z. BRAAKSMA INSURANCE AGENCY, INC.



Principal Place of Business
**% VIVIAN Z. BRAAKSMA
5503 W WATERS AVE., SUITE 505
TAMPA, FL 33634**

Mailing Address
**% VIVIAN Z. BRAAKSMA
5503 W WATERS AVE., SUITE 505
TAMPA, FL 33634**



03112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2889943	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRAAKSMA, VIVIAN Z.
5503 W WATERS AVE., SUITE 505
TAMPA, FL 33634**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P BRAAKSMA, VIVIAN Z. 5503 W WATERS AVE #505 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAAKSMA, HAROLD 5503 W WATERS AVE #505 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/03/09-80089-015 150.00

**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 title empowered.

SIGNATURE: *Vivian Z. Braaksma* **Vivian Z BRAAKSMA** 3/15/08 813-884-2665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #