

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M75374

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** VIVIAN Z. BRAAKSMA INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2889943      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BRAAKSMA, VIVIAN Z.  
Address: 5503 W WATERS AVE #505  
City-St-Zip: TAMPA, FL

Title: T  
Name: BRAAKSMA, HAROLD  
Address: 5503 W WATERS AVE #505  
City-St-Zip: TAMPA, FL 33634 US

I hereby 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 all other like empowered.

SIGNATURE: VIVIAN Z BRAAKSMA

P

02/29/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date