

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90022 007 ***150.00

DOCUMENT # P00000000445

1. Entity Name
LIFE BROKERAGE EQUITY GROUP, INC.



Principal Place of Business

**2963 GULF TO BAY
STE 330
CLEARWATER, FL 33759**

Mailing Address

**2963 GULF TO BAY
STE 330
CLEARWATER, FL 33759**

50015494



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0972017

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GONZALES, ESQUIRE, LARRY
P O BOX 5124
2655 MCCORMICK DRIVE
CLEARWATER, FL 33758**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| TITLE | P |
| NAME | RICHARDSON, GARY A |
| STREET ADDRESS | 2963 GULF TO BAY STE 330 |
| CITY-ST-ZIP | CLEARWATER, FL 33759 |
| TITLE | VP |
| NAME | BECHTEL, KEVIN |
| STREET ADDRESS | 2963 GULF TO BAY BLVD STE 330 |
| CITY-ST-ZIP | CLEARWATER, FL 33759 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gary Richardson **Gary Richardson, President** 1/26/05 727 791 9080