


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90115 016 ***150.00

DOCUMENT # P00000029451 1. Entity Name BRAUTIGAM INSURANCE & FINANCIAL SERVICES, INC.	
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Principal Place of Business 5700 - 4TH ST. NORTH ST. PETERSBURG, FL 33703	Mailing Address 5700 - 4TH ST. NORTH ST. PETERSBURG, FL 33703
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3633136	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BRAUTIGAM, HENRY W
5700 - 4TH ST. NORTH
ST. PETERSBURG, FL 33703**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST BRAUTIGAM, HENRY W 5700 - 4TH ST. NORTH ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRAUTIGAM, HENRY W 5700 - 4TH ST. NORTH ST. PETERSBURG, FL 33703
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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: Henry W Brautigam Henry W Brautigam 4/12/05 727-526-9041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #