


FILED
Jun 08, 2007 8:00 am
Secretary of State

05-25-2007 90028 035 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

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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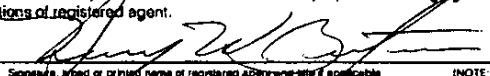
DO NOT WRITE IN THIS SPACE

05222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3633136	Applied For Not Applicable
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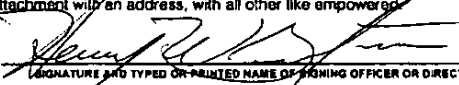
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRAUTIGAM, HENRY W 5700 - 4TH ST. NORTH ST. PETERSBURG, FL 33703	DO NOT WRITE IN THIS SPACE
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8. 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  DATE 6/6/07 <small>Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-registering)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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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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 like empowerments.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Henry W Brautigam 6/6/07 727-526-8041 <small>Date Daytime Phone</small>