2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/22/2005-90020-003-$550.00-$550.00

FILED

2005 OCT 19 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P02000014873

1. Entity Name
BUSINESS GROUP INSURANCE, INC.

07202005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
10920 E. SR. 70 STE 1 BRADENTON, FL 34202	10920 E. SR. 70 STE 1 BRADENTON, FL 34202

2. Principal Place of Business	3. Mailing Address
339 6th Ave W	339 6th Ave W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton FL	City & State: Bradenton, FL
Zip: 34205 County: Manatee	Zip: 34205 County: Manatee

4. FEI Number: 03-0387734 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RATH, MICHAEL B
10920 E. SR. 70
STE 1
BRADENTON, FL 34202

7. Name and Address of New Registered Agent

Name: Michael B. Rath
Street Address (P.O. Box Number is Not Acceptable): 339 6th Ave W
City: Bradenton FL Zip Code: 34205

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

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RATH, DORI A 10920 E. SR 70 STE 1 BRADENTON, FL 34202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST RATH, MICHAEL B 10920 E. SR. 70 STE 1 BRADENTON, FL 34202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Director~~ A	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Rath, Carrie D. 339 6th Ave W Bradenton, FL 34205 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Carrie D Rath Carrie Rath 7/15/05 941-745-1836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/19 aw