

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000014873	
1. Entity Name BUSINESS GROUP INSURANCE, INC.	

Principal Place of Business 339 6TH AVE W BRADENTON, FL 34205	Mailing Address 339 6TH AVE W BRADENTON, FL 34205
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03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 339 6TH AVE W BRADENTON, FL 34205

**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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RATH, DORI A 10920 E. SR 70 STE 1 BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST RATH, MICHAEL B 10920 E. SR. 70 STE 1 BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RATH, CARRIE D 339 6TH AVE W BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1000001487394
03/20/06-80040-012 150.00

**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 empowered.

SIGNATURE:

Carrie D. Rath
Carrie D. Rath

03-07-06

941-708-7142

Date

Daytime Phone #