## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000082159

Entity Name: TODD DORROH BRADLEY PARKER INSURANCE, INC.

**FILED** Mar 13, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3860 HERON RIDGE LANE 14201 WEST SUNRISE BLVD. WESTON, FL 33331

SUITE 104

SUNRISE, FL 33323

**Current Mailing Address: New Mailing Address:** 

14201 WEST SUNRISE BLVD. P.O.BOX 267127 WESTON, FL 33326

SUITE 104

SUNRISE, FL 33323

FEI Number: 57-1180005 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DORSCH, DELORES S DORSCH, DELORES S 14201 WÉST SUNRISE BLVD. 3860 HERON RIDGE LANE WESTON, FL 33331 SUITE 104

SUNRISE, FL 33323 US

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.

SIGNATURE: DELORES S. DORSCH 03/13/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

( ) Delete

## **OFFICERS AND DIRECTORS:**

Title:

Name:

Address:

City-St-Zip:

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TODD, FRANCINE TODD, FRANCINE Name:

3860 HERON RIDGE LANE 14201 WEST SUNRISE BLVD., SUITE 104 Address:

WESTON, FL 33331 City-St-Zip: SUNRISE, FL 33323

( ) Delete Title: Title: (X) Change ( ) Addition

Name: DORSCH, DELORES S Name: DORSCH, DELORES S

3860 HERON RIDGE LANE Address: 14201 WEST SUNRISE BLVD., SUITE 104 Address:

SUNRISE, FL 33323 WESTON, FL 33331 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELORES S. DORSCH **PRES** 03/13/2006