

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072995

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: BRAD BURNS INSURANCE, INC.

## Current Principal Place of Business:

2069 N MONROE ST.  
TALLAHASSEE, FL 32303 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 4012  
TALLAHASSEE, FL 32315 US

## New Mailing Address:

FEI Number: 26-0405007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURNS, WILLIAM B  
6320 GLASGOW DR.  
TALLAHASSEE, FL 32312 US

## Name and Address of New Registered Agent:

BURNS, WILLIAM B  
2514 LAGRANGE TR.  
TALLAHASSEE, FL 32312 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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BURNS, WILLIAM B  
Address: 6320 GLASGOW DR.  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: S ( ) Delete  
Name: BURNS, WILLIAM B  
Address: 6320 GLASGOW DR.  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VP ( ) Delete  
Name: BOND, BRIAN  
Address: PO BOX 3745  
City-St-Zip: TALLAHASSEE, FL 32315 US

Title: CFO (X) Delete  
Name: HOHMAN, JOHN A  
Address: PO BOX 3745  
City-St-Zip: TALLAHASSEE, FL 32315

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BURNS, WILLIAM B  
Address: 2514 LAGRANGE TR  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: S (X) Change ( ) Addition  
Name: BURNS, WILLIAM B  
Address: 2514 LAGRANGE TR.  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VP (X) Change ( ) Addition  
Name: HOHMAN, JOHN A  
Address: 3047 KILLEARN POINT CT.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN HOHMAN

VP

03/24/2009

Electronic Signature of Signing Officer or Director

Date