

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000115162

1. Entity Name
ROTHMAN INSURANCE & FINANCIAL SERVICES INC



Principal Place of Business
2600 9TH STREET N
#301
ST PETERSBURG, FL 33703

Mailing Address
2600 9TH STREET N
#301
ST PETERSBURG, FL 33703

DO NOT WRITE IN THIS SPACE

FILED
Jul 24, 2008 08:00 AM
Secretary of State



07212008 No Chg-P CR2E034 (11/05)

4. FEI Number 26-1274652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTHMAN, BRIAN
227 25TH AVENUE N
ST PETERSBURG, FL 33704

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROTHMAN, CAROLYN
STREET ADDRESS	227 25TH AVENUE N
CITY-ST-ZIP	ST PETERSBURG, FL 33704
TITLE	VP
NAME	ROTHMAN, BRIAN
STREET ADDRESS	227 25TH AVENUE N
CITY-ST-ZIP	ST PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000956165
07/24/08-80002-011 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/22/08 727820-7069