

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000040065

Entity Name: WESTBRIDGE INSURANCE, INC.

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8181 S. TAMIAMI TRAIL  
SUITE B  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

8181 S. TAMIAMI TRAIL  
SUITE B  
SARASOTA, FL 34231

**New Mailing Address:**

FEI Number: 45-1989707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RMD TAX SOLUTIONS, LLC  
8181 S. TAMIAMI TRAIL  
SUITE B  
SARASOTA, FL 34231 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JONES, LORI A  
Address: 8494 HOPSEED LANE  
City-St-Zip: SAN DIEGO, CA 92129

Title: SD  
Name: DANHIRES, RUTH  
Address: 8181 S. TAMIAMI TRAIL STE B  
City-St-Zip: SARASOTA, FL 34231

Title: D  
Name: ROPER, GREG  
Address: 8181 S. TAMIAMI TRAIL STE B  
City-St-Zip: SARASOTA, FL 34231

I hereby 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 all other like empowered.

SIGNATURE: RUTH A. DANHIRES

SD

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date