

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000028940**

1. Entity Name  
**INSURANCE SERVICES OF BRADENTON, INC.**



Principal Place of Business  
**5550 26TH ST W.  
SUITE #3  
BRADENTON, FL 34207 US**

Mailing Address  
**5550 26TH ST W.  
SUITE #3  
BRADENTON, FL 34207 US**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0409039</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**WESTERHOFF, DONALD P  
5550 26TH ST W.  
SUITE #3  
BRADENTON, FL 34207**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

1100000418744  
02/14/06 80019-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DARIN, PIERCE  
STREET ADDRESS 5550 26TH ST W. #3  
CITY-ST-ZIP BRADENTON, FL 34207

TITLE SD  
NAME PIERCE, SHARYL  
STREET ADDRESS 5550 26TH ST W. #3  
CITY-ST-ZIP BRADENTON, FL 34207

TITLE CD  
NAME WESTERHOFF, DONALD P  
STREET ADDRESS 5550 26TH ST. W. #3  
CITY-ST-ZIP BRADENTON, FL 34207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: Sharyl Pierce Sharyl Pierce 1-31-06 941-752-1159  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #