2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000075944

1. Entity Name
CONNIE C. BRAISTED INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
507 W MAIN ST INVERNESS, FL 33450	507 W MAIN ST INVERNESS, FL 33450 US

DO NOT WRITE IN THIS SPACE

03282005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0446323	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRAISTED, LAWRENCE E
507 WEST MAIN STREET
INVERNESS, FL 34450

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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
After May 1, 2005 Fee will be $550.00

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

U00000280575
03/30/05-80025-002 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	BRAISTED, CONNIE C
STREET ADDRESS	507 W MAIN ST
CITY-ST-ZIP	INVERNESS, FL 33450

TITLE	DS
NAME	BRAISTED, LAWRENCE E
STREET ADDRESS	507 W MAIN ST
CITY-ST-ZIP	INVERNESS, FL 34450

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 exemption stated in Section 119.07(3)(i), 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: _____   3-28-05   (352)860-0734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #