2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007
Secretary of State

DOCUMENT# P93000075944

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

Current Principal Place of Business:

507 W MAIN ST
INVERNESS, FL 33450

New Principal Place of Business:

Current Mailing Address:

507 W MAIN ST
INVERNESS, FL 33450 US

New Mailing Address:

1988 E HAMPSHIRE ST
INVERNESS, FL 34453 US

FEI Number: 65-0446323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BRAISTED, LAWRENCE E
1988 E HAMPSHIRE STREET
INVERNESS, FL 34453 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: LAWRENCE BRAISTED 03/05/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BRAISTED, CONNIE C
Address: 507 W MAIN ST
City-St-Zip: INVERNESS, FL 33450

Title: DS ( ) Delete
Name: BRAISTED, LAWRENCE E
Address: 507 W MAIN ST
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BRAISTED, CONNIE C
Address: 1988 E HAMPSHIRE ST
City-St-Zip: INVERNESS, FL 34453

Title: DS (X) Change ( ) Addition
Name: BRAISTED, LAWRENCE E
Address: 1988 E HAMPSHIRE ST
City-St-Zip: INVERNESS, FL 34453

I hereby certify that the information supplied with this filing does not qualify for the 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: LAWRENCE BRAISTED DS 03/05/2007
Electronic Signature of Signing Officer or Director Date