

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028214

Entity Name: BRIDGES INSURANCE, INC.

FILED  
Feb 27, 2006  
Secretary of State

## Current Principal Place of Business:

12344 US HIGHWAY 19  
BAYONET POINT, FL 34667 US

## New Principal Place of Business:

## Current Mailing Address:

12344 US HIGHWAY 19  
BAYONET POINT, FL 34667 US

## New Mailing Address:

FEI Number: 59-3433732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRIDGES, PEGGY D  
12344 U.S. HIGHWAY 19  
BAYONET POINT, FL 34667 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BRIDGES, PEGGY D  
Address: 4650 BAY BLVD, UNIT 1028  
City-St-Zip: PORT RICHEY, FL 34668

Title: D ( ) Delete  
Name: CLINE, E MASON JR  
Address: 13823 MICHELLE AVE  
City-St-Zip: HUDSON, FL 34667

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BRIDGES, PEGGY D  
Address: 4650 BAY BLVD, UNIT 1028  
City-St-Zip: PORT RICHEY, FL 34668

Title: SEC (X) Change ( ) Addition  
Name: CLINE, E MASON JR  
Address: 13823 MICHELLE AVE  
City-St-Zip: HUDSON, FL 34667

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: PEGGY D BRIDGES

PRES

02/27/2006

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

\_\_\_\_\_  
Date