

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028214

Entity Name: BRIDGES INSURANCE, INC.

FILED
Mar 23, 2007
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 (X)

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

03/23/2007

Electronic Signature of Signing Officer or Director

Date