

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028214

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** BRIDGES INSURANCE, INC.

**Current Principal Place of Business:**

12344 US HIGHWAY 19  
BAYONET POINT, FL 34667 US

**New Principal Place of Business:**

4650 BAY BLVD  
# 1028  
PORT RICHEY, FL 34668 US

**Current Mailing Address:**

12344 US HIGHWAY 19  
BAYONET POINT, FL 34667 US

**New Mailing Address:**

P.O. BOX 5059  
HUDSON, FL 34667 US

**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:**

BRIDGES, PEGGY D  
4650 BAY BLVD  
# 1028  
PORT RICHEY, FL 34668 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:**

04/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BRIDGES, PEGGY D  
**Address:** 4650 BAY BLVD, UNIT 1028  
**City-St-Zip:** PORT RICHEY, FL 34668 US

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

**Title:** TREA  
**Name:** CLINE, PEGGY A  
**Address:** 4650 BAY BLVD  
**City-St-Zip:** PORT RICHEY, FL 34668

I hereby 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 all other like empowered.

**SIGNATURE:** PEGGY D. BRIDGES

P

04/23/2012

Electronic Signature of Signing Officer or Director

Date