


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/2

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-25-2007 90028 018 ***150.00

DOCUMENT # P97000033955 1. Entity Name BRAUTIGAM AGENCY INC.	
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Principal Place of Business
**5700 4TH STREET N
ST. PETERSBURG, FL 33703**

Mailing Address
**5700 4TH STREET N
ST. PETERSBURG, FL 33703**



DO NOT WRITE IN THIS SPACE

05222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0744489	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BRAUTIGAM, HENRY W
5700 4TH STREET N
ST. PETERSBURG, FL 33703**

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/6/07
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRAUTIGAM, GAIL L
STREET ADDRESS	5700 4TH STREET N
CITY - ST - ZIP	ST. PETERSBURG, FL 33703
TITLE	D
NAME	BRAUTIGAM, HENRY W
STREET ADDRESS	5700 4TH STREET N
CITY - ST - ZIP	ST. PETERSBURG, FL 33703
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 exemptions contained 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 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

Gail L Brautigam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/27

Telephone # *526-9041*

6-6-07