## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURI							The state of the s			
DOCUMENT # P97000086815										
1. Entity Name BRADHAN		INS & BAYLISS, F	P.A.			07 MAR 15 AM 11: 32				
Principal Place of Business Mailing Address						1	LLUKLTAKY TLLAHASSE	OF STATE		
4141 CENTRAL AVENUE			4141 CENTRAL AVENUE			'	LLUAMASSE	E' L'EQUIDA		
SAINT PETERSBURG, FL 33713 US SAINT PETERSBURG, FL 3371					3 US	 	<b>a is</b> in isah ashi sah ash	    18		
Principal Place of Business - No P.O. Box #     Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02212007	Chg-P	CR2E034 (12/06)		
City & State			City & State			4. FEI Numb 59-347		<del></del>	oplied For ot Applicable	
Zip	Country		Zip	Cour	ntry	5. Certificate	of Status Desired	See Require		
	6. Name	and Address of Current	Registered Agent	7. Name and Address of New Registered Agent Name						
BAYLISS, JOSEPH A 4141 CENTRAL AVENUE SAINT PETERSBURG, FL 33713					Street Address (P.O. Box Number is Not Acceptable)					
					City			Zip Coo	le	
			or the purpose of changing it	red office or regist	ered agent, or bo	th, in the State of Flo	· ·	and accept		
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required:								DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.  Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.	<del></del> -	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE NAME	OD BLEVINS	JEROME B	Delete	E AE			☐ Change	☐ Addition		
STREET ADDRESS	4141 CEN	ITRAL AVENUE		EET ADDRESS				ļ		
CITY-ST-ZIP TITLE	D SAINT PE	TERSBURG, FL 337	Delete	(-ST-ZIP			☐ Change	☐ Addition (		
NAME	-	JOSEPH A	_ 5000	NAA		. 6	00094:	211026 5001 **200		
STREET ADDRESS CITY-ST-ZIP		ITRAL AVENUE TERSBURG, FL 337		EET ADDRESS /-ST-ZIP	03/2	0/070104! 	·			
TITLE NAME			☐ Delete	E AE			☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP					EET ADORESS 7-ST-ZIP					
TITLE			☐ Delete	TITL				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP					EET ADORESS 7-ST-ZIP					
TITLE			☐ Delete	TITL		<u> </u>	<u></u>	☐ Change	Addition	
STREET ADDRESS					EET ADORESS (- ST-ZIP					
CITY-ST-ZIP TITLE			☐ Delete	1111				☐ Change	Addition	
NAME STREET ADDRESS				NAM STR	AE EET ADDRESS					
CITY-ST-ZIP	and its a three at the	a information assetted with	h this filing does not availe.		Y-ST-ZIP	od in Chapter 11	9. Florida Statutas 1	further certify that the	ntormation	
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 eath; that I am an officer or director of the corporation or the receives or truese 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.										
Tacana 0 01-1 (3/10) 722 723										
SIGNATURE: SIGNATURE AND TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #										

gc 3/20