

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000041724**

1. Entity Name  
**GUARDIAN FINANCIAL INSURANCE AGENCY, INC.**



Principal Place of Business  
**23225 CYPRESS TRAIL DR  
LUTZ, FL 33549 US**

Mailing Address  
**23225 CYPRESS TRAIL DR  
LUTZ, FL 33549 US**

**DO NOT WRITE IN THIS SPACE**



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3509399**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RICHWINE, BRIDGET  
23225 CYPRESS TRAIL DR  
LUTZ, FL 33549**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000503845  
04/26/06-80049-002 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
RICHWINE, BRIDGET  
23225 CYPRESS TRAIL DR  
LUTZ, FL 33549**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
RICHWINE, WALTER C  
23225 CYPRESS TRAIL DRIVE  
LUTZ, FL 33549**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** Bridget Richwine Bridget Richwine 4/6/06 813.909.4357  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #