

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 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**



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3509399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/30/07-80040-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption's 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 K Richwine **Bridget K Richwine**

4/10/07

813.909.4357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #