

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90119 006 ***150.00

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1. Entity Name

BRADLEY INSURANCE GROUP, INC.



Principal Place of Business

6100 W ATLANTIC BLVD
1
POMPANO BEACH FL 33063

Mailing Address

6100 W ATLANTIC BLVD
1
POMPANO BEACH FL 33063

2. Principal Place of Business

700 E. Atlantic Blvd.
Suite, Apt. #, etc.
300
City & State
Pompano Beach, FL
Zip
33060 Country
USA

3. Mailing Address

700 E. Atlantic Blvd.
Suite, Apt. #, etc.
300
City & State
Pompano Beach, FL
Zip
33060 Country
USA



1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0846298

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, RONALD D SR
3021 NE 48 ST
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

4/7/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete
NAME BRADLEY, RONALD D
STREET ADDRESS 3021 NE 48 ST
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE D ☐ Delete
NAME BRADLEY, CYNTHIA A
STREET ADDRESS 3021 NE 48 ST
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/06

Daytime Phone #

994-977-4500