


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000077717</b> 1. Entity Name <b>BROSNAN FINANCIAL SERVICES, INC.</b>	
---	---

<b>Principal Place of Business</b> 6727 1ST AVE., SOUTH STE 108 ST. PETERSBURG, FL 33707	<b>Mailing Address</b> 6727 1ST AVE., SOUTH STE 108 ST. PETERSBURG, FL 33707
--	--

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2ED34 (11/05)

4. FEI Number <b>59-3530589</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  BROSNAN, MAUREEN E 6727 1ST AVENUE SOUTH, STE 108 ST. PETERSBURG, FL 33707
--

**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 resigning) 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROSNAN, MAUREEN E 6727 1ST AVENUE SOUTH, STE 108 ST. PETERSBURG, FL 33707
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000412884  
02/10/06-80065-025 158.75

**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:** Maureen E. Brosnan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
January 26, 2006 (727) 345-6600  
Date Daytime Phone #