

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P99000111577

1. Entity Name  
BRADY INSURANCE & FINANCIAL SERVICES, INC.



Principal Place of Business  
298 SOUTH UNIVERSITY DRIVE  
PLANTATION, FL 33324

Mailing Address  
298 SOUTH UNIVERSITY DRIVE  
PLANTATION, FL 33324



04072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0970476	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

BRADY, MICHAEL  
298 SOUTH UNIVERSITY DRIVE  
PLANTATION, FL 33324

**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	PST
NAME	BRADY, MICHAEL H
STREET ADDRESS	298 SOUTH UNIVERSITY DR
CITY-ST-ZIP	PLANTATION, FL 33324

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/07-80041-009 150.00

**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 Michael Brady

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07

Date

954-476-6900

Daytime Phone #