

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M75374

Entity Name: VIVIAN Z. BRAAKSMA INSURANCE AGENCY, INC.

FILED
Jan 09, 2014
Secretary of State
CC2818141515

Current Principal Place of Business:

% VIVIAN Z. BRAAKSMA
6905 W WATERS AVE
TAMPA, FL 33634

Current Mailing Address:

% VIVIAN Z. BRAAKSMA
1960 ARROWHEAD DR NE
ST PETERSBURG, FL 33703 US

FEI Number: 59-2889943

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRAAKSMA, VIVIAN Z.
6905 W WATERS AVE
TAMPA, FL 33634 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

| | | | |
|-----------------|---|-----------------|---|
| Title | P | Title | T |
| Name | BRAAKSMA, VIVIAN Z. | Name | BRAAKSMA, HAROLD |
| Address | % VIVIAN Z. BRAAKSMA 6905 W WATERS AVE | Address | % VIVIAN Z. BRAAKSMA 6905 W WATERS AVE |
| City-State-Zip: | TAMPA FL 33634 | City-State-Zip: | TAMPA FL 33634 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VIVIAN Z BRAAKSMA

PRESIDENT

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date