

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000158142

**Entity Name:** BERGERON INSURANCE GROUP INC.

**Current Principal Place of Business:**

1403 57TH AVE W.  
SUITE A  
BRADENTON, FL 34207

**Current Mailing Address:**

1403 57TH AVE W.  
SUITE A  
BRADENTON, FL 34207

**FEI Number:** 20-1927912

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BERGERON, PHILIP H  
1403 57TH AVE W.  
SUITE A  
BRADENTON, FL 34207 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  
Name BERGERON, PHILIP H  
Address 5115 HARBOR RD  
City-State-Zip: BRADENTON FL 34209

Title VP  
Name BERGERON, CAROL A  
Address 5115 HARBOR RD  
City-State-Zip: BRADENTON FL 34209

*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:** PHILIP BERGERON

**PRESIDENT**

**04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date