


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # F99000006145 1. Entity Name BRANDS INSURANCE AGENCY, INC. |  |
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| Principal Place of Business 6449 ALLEN ROAD WEST CHESTER, OH 45069 | Mailing Address 6449 ALLEN ROAD WEST CHESTER, OH 45069 |
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 31-1403760 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS LEGAL SERVICES, INC.
 1333 NORTH DUVAL ST.
 TALLAHASSEE, FL 32302**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 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 | P BRANDS, ALISON M 3699 AULT PARK AVENUE CINCINNATI, OH 45208 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BRANDS, MATTHEW J 8647 RUPP FARM ROAD WEST CHESTER, OH 45069 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **1/14/05** **513-755-4602**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #