


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90042 001 \*\*\*150.00

**DOCUMENT # P0000089042**  
 1. Entity Name  
**ANOTHER BROKEN EGG OF AMERICA, INC.**




Principal Place of Business      Mailing Address  
**200 GARARD ST**      **525 KIMBERLY ANN DR**  
**MANDEVILLE LA 70448**      **MANDEVILLE LA 70471**

2. Principal Place of Business      3. Mailing Address  
**525 Kimberly Ann Dr.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Mandeville, Louisiana**  
 Zip      Country      Zip      Country  
**70471**      **USA**

**74020400**



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For  
**59-3741586**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WARD, LORI ELLEN ESQ**  
**MATTHEWS & HAWKINS, P.A.**  
**607 HWY 98 E**  
**DESTIN FL 32541**

7. Name and Address of New Registered Agent  
 Name **Ron E. Green**  
 Street Address (P.O. Box Number is Not Acceptable) **9100 Baytowne Wharf Blvd**  
**Suite A-4**  
 City **Sandestin**      FL      Zip Code **32550**

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 **Ron E. Green**      *Ron E. Green*      DATE **2/20/04**

\*\*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing       **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO GREEN, RON E PRES 525 KIMBERLY ANN DRIVE MANDEVILLE LA 70471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GREEN, SHARON F 525 KIMBERLY ANN DR MANDEVILLE LA 70471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sharon Green*      **Sharon Green**      Date **3/4/04**      Daytime Phone # **985-264-1231**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR