## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000007264

Entity Name

J. W. BROUGHTON ENTERPRISES, INC.



FILED Apr 06, 2007 8:00 am Secretary of State

04-06-2007 90045 011 \*\*\*150.00

Principal Place of Business

10406 ALAFIA ST GIBSONTON, FL 33534 Mailing Address

10406 ALAFIA ST GIBSONTON, FL 33534





DO NOT WRITE IN THIS SPACE

03222007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0587487

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEITH, KENNETH A 1202 MONTE LAKE DR VALRICO, FL 33594

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the puilons of registered agent.	urpose of changing its req	gistered office or re	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE Re	agistered Agent signature	required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	Р	<del>, , , ,</del> ,			
NAME	BROUGHTON, J W				
STREET ADDRESS	10406 ALAFIA ST				
CITY-ST-ZIP	GIBSONTON, FL 33534				
TITLE	VP				
NAME	BROUGHTON, KATHLEEN M				,
STREET ADDRESS	10406 ALAFIA ST				
CITY-ST-ZIP	GIBSONTON, FL 33534		1		
TITLE					
NAME					
STREET ADDRESS				no	NOT WRITE
CITY-ST-ZIP				DO	NOT WRITE
TITLE				IN 7	THIS SPACE
NAME				114	THO OF ACE
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-07 9/3-672-6335 Date Dayline Prone #