


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000030553**  
1. Entity Name  
**BROUG & MATT, INC.**



Principal Place of Business      Mailing Address  
**3186 SW MARTIN DOWNS BLVD**      **3186 SW MARTIN DOWNS BLVD**  
**PALM CITY, FL 34990 US**              **PALM CITY, FL 34990 US**

**DO NOT WRITE IN THIS SPACE**



02072006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0431564**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MATTHEWS, CRAIG C**  
**3186 SW MARTIN DOWNS BLVD**  
**PALM CITY, FL 34990**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	DP MATTHEWSS, CRAIG C 3186 SW MARTIN DOWNS BLVD. PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BROEG, A. L JR. 3186 SW MARTIN DOWNS BLVD PALM CITY, FL
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02/28/06-80006-009 150.00

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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: Craig Matthews    CRAIG MATTHEWS    2/9/06    772 223 95 88  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #