


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 A**  
**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**



01302007      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**

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MATTHEWSS, CRAIG C
STREET ADDRESS	3186 SW MARTIN DOWNS BLVD.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	DST
NAME	BROEG, A. L JR.
STREET ADDRESS	3186 SW MARTIN DOWNS BLVD
CITY-ST-ZIP	PALM CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/26/07-80003-023 150.00

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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:** AL Broeg Sr      **AL BROEG SR**      2/13/07      772 2239500

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