


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90030 044 \*\*\*150.00

<b>DOCUMENT # 234131</b> 1. Entity Name <b>BROWARD MACHINERY AND SUPPLY COMPANY INC.</b>	
--	---

Principal Place of Business <b>560 NW 12TH AVE POMPANO BCH FL 33069</b>	Mailing Address <b>560 NW 12TH AVE POMPANO BCH FL 33069</b>
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-0894583</b>	Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent <b>ALLEN, RONALD F 560 NW 12 AVE. POMPANO BEACH FL 33069</b></td> <td colspan="2">7. Name and Address of New Registered Agent Name <b>LINDA ALLEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>560 NW 12<sup>th</sup> AVE</b> City <b>POMPANO BCH.</b> FL Zip Code <b>33069</b></td> </tr> </table>		6. Name and Address of Current Registered Agent <b>ALLEN, RONALD F 560 NW 12 AVE. POMPANO BEACH FL 33069</b>		7. Name and Address of New Registered Agent Name <b>LINDA ALLEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>560 NW 12<sup>th</sup> AVE</b> City <b>POMPANO BCH.</b> FL Zip Code <b>33069</b>	
6. Name and Address of Current Registered Agent <b>ALLEN, RONALD F 560 NW 12 AVE. POMPANO BEACH FL 33069</b>		7. Name and Address of New Registered Agent Name <b>LINDA ALLEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>560 NW 12<sup>th</sup> AVE</b> City <b>POMPANO BCH.</b> FL Zip Code <b>33069</b>			

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:** Linda Allen **LINDA ALLEN** 2/14/05 954-943-1616  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #