

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 245099**

1. Entity Name  
**TED BROUSSEAU, INC.**



Principal Place of Business  
**C/O T.H. BROUSSEAU  
2148 JOHN ANDERSON DR.  
ORMOND BEACH, FL 32176**

Mailing Address  
**C/O T.H. BROUSSEAU  
2148 JOHN ANDERSON DR.  
ORMOND BEACH, FL 32176**



04212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-1427292**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BROUSSEAU, T H  
2148 JOHN ANDERSON DR  
ORMOND BEACH, FL 32176**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	BROUSSEAU, DOUGLAS A
STREET ADDRESS	67280 PONDEROSA DR
CITY-ST-ZIP	EDWARDSBURG, MI 49112
TITLE	PSTD
NAME	BROUSSEAU, T H
STREET ADDRESS	2148 JOHN ANDERSON DR
CITY-ST-ZIP	ORMOND BEACH, FL 321762844
TITLE	VD
NAME	BROUSSEAU, TED JR
STREET ADDRESS	1450 JEWEL BOX AVE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000338432  
04/28/05-80034-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/25/05*

*4/28/05: JFW: mjt: ct*