


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 291081 1. Entity Name BROUDY BROS INC	
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Principal Place of Business P.O. BOX 1689 ST AUGUSTINE, FL 32085-1689 US	Mailing Address P.O. BOX 1689 ST AUGUSTINE, FL 32085-1689 US
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DO NOT WRITE IN THIS SPACE



02262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1114771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROUDY, MARTIN D
198 WEST KING ST., P.O. BOX 1689
ST AUGUSTINE, FL 32095

**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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT BROUDY, MARTIN 5072 ATLANTIC VIEW ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BROUDY, JOAN 235 HAWTHORNE ST. ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT BROUDY, BARRY (ASST. TR.) 5072 ATLANTIC VIEW ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROBINSON, THOMAS E JR 1421 ELLIS TRACE DRIVE WEST JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000340158
04/28/05-80109-002 150.00

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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)(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: [Signature] 4/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____