



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90189 030 \*\*\*150.00

<b>DOCUMENT # 291081</b>					
1. Entity Name BROUDY BROS INC					
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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent		
BROUDY, MARTIN D 198 WEST KING ST., P.O. BOX 1689 ST AUGUSTINE, FL 32095			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</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	PT BROUDY, MARTIN 5072 ATLANTIC VIEW ST AUGUSTINE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4001 Vail Point Terrace St. Augustine, FL. 32086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROUDY, JOAN 235 HAWTHORNE ST. ST AUGUSTINE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BROUDY, BARRY (ASST. TR.) 5072 ATLANTIC VIEW ST AUGUSTINE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	509 Ellis Way St. Augustine, FL. 32092	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBINSON, THOMAS E JR 1421 ELLIS TRACE DRIVE WEST JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		1/6/06		(904) 417-2090	
Martin Broudy		Date		Daytime Phone #	