2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 291081

1. Entity Name
BROUDY BROS INC

Principal Place of Business	Mailing Address
P.O. BOX 1689 ST AUGUSTINE, FL 32085-1689 US	P.O. BOX 1689 ST AUGUSTINE, FL 32085-1689 US

03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1114771
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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

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	PT
NAME	BROUDY,MARTIN
STREET ADDRESS	4001 VAILL POINT TERR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	ST
NAME	BROUDY, JOAN
STREET ADDRESS	4001 VAILL POINT TERR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	VT
NAME	BROUDY,BARRY (ASST.TR.)
STREET ADDRESS	509 ELIS WAY
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	V
NAME	ROBINSON, THOMAS E JR
STREET ADDRESS	1421 ELLIS TRACE DRIVE WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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