

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 291081

Entity Name: BROUDY BROS INC

FILED
Mar 24, 2008
Secretary of State

Current Principal Place of Business:

P.O. BOX 1689
ST AUGUSTINE, FL 320851689 US

New Principal Place of Business:

35 N. PONCE DE LEON
ST AUGUSTINE, FL 32085 US

Current Mailing Address:

P.O. BOX 1689
ST AUGUSTINE, FL 320851689 US

New Mailing Address:

P.O. BOX 1689
ST AUGUSTINE, FL 32085 US

FEI Number: 59-1114771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BROUDY, MARTIN D
35 N. PONCE DE LEON
ST AUGUSTINE, FL 32085 US

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.

SIGNATURE:

03/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: BROUDY, MARTIN,
Address: 4001 VAILL POINT TERR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: ST () Delete
Name: BROUDY, JOAN,
Address: 4001 VAILL POINT TERR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VT () Delete
Name: BROUDY, BARRY (ASST.T, R.)
Address: 509 ELIS WAY
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: V () Delete
Name: ROBINSON, THOMAS E JR
Address: 1421 ELLIS TRACE DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: BROUDY, MARTIN,
Address: 35 N. PONCE DE LEON
City-St-Zip: SAINT AUGUSTINE, FL 32085

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: BROUDY, BARRY (ASST.T, R.)
Address: 3140 TROUT CREEK CT
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. ROBINSON JR.

V P

03/24/2008

Electronic Signature of Signing Officer or Director

Date