

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 291081

FILED
Apr 09, 2009
Secretary of State

Entity Name: BROUDY BROS INC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1114771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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.TR.)
Address: 3140 TROUT CREEK CT
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date