

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 291081

FILED  
Apr 08, 2011  
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 ( )

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS E. ROBINSON, JR.

V

04/08/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date