2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE /

DOCU t. Entity Nam BROEDEL	# 304222		Secretary of State								
Principal Place of Business 1610 N CYPRESS DR. JUPITER FL 33469				g Address N CYPRESS DR. FER FL 33469	Too we the				: #:#:: #:#:: #:#::	#f#ff## 1 1 1 1 1 1 1	
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.					MOORE	CR2E03	4 (11/03)	
City & State			City & State				4. FEI Number 59-1140931 Applied For Not Applicable				
Zip	Zip Country				Coun	try	<u> </u>	Certificate of Status Desired		\$8.75 A Fee Requi	
Name and Address of Current Registered Agent						Name	7. N	lame and Address of New F	Registered	Agent	· · · · · · · · · · · · · · · · · · ·
BROEDELL, FRANK J., JR. 19309 NORTH RIVERSIDE DRIVE TEQUESTA FL 33469						Street Address (P.O. Box Number is Not Acceptable)					
						City			FI	Zip Co	ode
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 accepthe obligations of registered agent.											h, and accept
SIGNATURE		or printed name of registered agent i		() ()		78					
	· · · · · · · · · · · · · · · · · · ·		arica tialea a espa	nicadie (NO)	c Hegistare	d Agent signature required	a waen re	enstand)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								 Election Campaign Fir Trust Fund Contribution 	_		.00 May Be ed to Fees
10.	·	OFFICERS AND	DIRECTO		11.		AD	DITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ş.	., FRANK J., JR. PRESS DR L 33469		☐ Defete		E E EFT ADDRESS -SI - ZIP		□ Change □ Addith U00000030543 02/04/04-80113-022 150.00			
TITLE Name Street address City-St-Zip	1	. III, FRANK J TH CYPRESS DRIVE L 33469		☐ Delete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP				☐ Celete	•	ş				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•					Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition
12. I hereby indicated of the collaboration changed	certify that the fon this report poration or I l, or on an att	e information supplied with it or supplemental report is ne receiver or trustee empo achment with an address, v	this filing true and owered to with all off	does not qualify for accurate and that r execute this report ner like empowered	r the exe ny signa as requi	mption stated in Se ture shall have the red by Chapter 60	ection 1 same I 7, Florid	119.07(3)(i), Florida Statutes. egal effect as if made under da Statutes; and that my nam	I further co oath; that l se appears	ertify that the am an offic in Block 10	information er or director or Block 11 if

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