


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90370 011 \*\*\*150.00

<b>DOCUMENT # 355756</b> 1. Entity Name <b>BROWARD PILING, INC.</b>					
Principal Place of Business <b>1360 NW 13TH ST POMPANO BEACH, FL 33069</b>			Mailing Address <b>1360 NW 13TH ST POMPANO BEACH, FL 33069</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1277271</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WOOTEN, RAYMOND EARL 4430 NE 1ST TERRACE POMPANO BEACH, FL 33064</b>			7. Name and Address of New Registered Agent Name <b>Raymond Earl Wooten</b> Street Address (P.O. Box Number is Not Acceptable) <b>1360 NW 13th Street</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33069</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOTEN, RAYMOND E.		NAME	Wooten, Raymond E.	
STREET ADDRESS	301 NW 42ND AVE.		STREET ADDRESS	1360 NW 13th Street	
CITY-ST-ZIP	COCONUT CREEK, FL		CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOTEN, JERRY R.		NAME		
STREET ADDRESS	6640 NW 22ND COURT		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVERETT, CINDY A		NAME		
STREET ADDRESS	4430 NE 1ST TERR		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH., FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Raymond E. Wooten</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-26-04 954.972-2489 <small>Date Daytime Phone</small>		