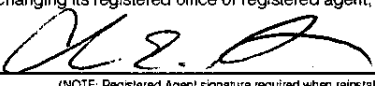
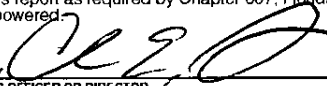


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90058 031 ***150.00

DOCUMENT # 556999 1. Entity Name THE BROOME LAW FIRM, P.A.					
Principal Place of Business 915 SOUTH WASHINGTON AVE PO BOX 729 TITUSVILLE, FL 32781-0729			Mailing Address 915 SOUTH WASHINGTON AVE PO BOX 729 TITUSVILLE, FL 32781-0729		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROOME, CHARLES F. 915 SOUTH WASHINGTON AVE. TITUSVILLE, FL			Name CHRISTOPHER E. BROOME Street Address (P.O. Box Number is Not Acceptable) 915 South Washington Avenue City Titusville FL Zip Code 32780		
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 Christopher E. Broome:  1/22/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROOME, CHARLES F 915 S WASHINGTON AVE TITUSVILLE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Christopher E. Broome 915 South Washington Avenue Titusville, FL 32780	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOME, RICHARD C 915 S. WASHINGTON AVENUE TITUSVILLE, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: Christopher E. Broome:  1/22/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date			321-269-5620 Daytime Phone #		

44004420



01202004 Chg-P CR2E034 (10/03)

4. FEI Number **59-1902912** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required