

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90568 046 ***150.00

DOCUMENT # F03000005383

1. Entity Name
BROADLINE COMMUNICATIONS, INC.



Principal Place of Business
**2301 LUCIEN WAY
MAITLAND, FL 32751**

Mailing Address
**2301 LUCIEN WAY
MAITLAND, FL 32751**

20036455



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0333492	Applied For <input type="checkbox"/>
Not Applicable	

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

6. Name and Address of Current Registered Agent

**F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	GALLAGHER, MICHAEL P
STREET ADDRESS	2301 LUCIEN WAY
CITY-ST-ZIP	MAITLAND, FL 32751

TITLE	DS
NAME	BOEREMA, DON
STREET ADDRESS	2301 LUCIEN WAY
CITY-ST-ZIP	MAITLAND, FL 32751

TITLE	DP
NAME	BLOCHA, MICHAEL
STREET ADDRESS	390 ORANGE AVE.
CITY-ST-ZIP	MAITLAND, FL 32751

TITLE	T
NAME	MEISTER, KEN
STREET ADDRESS	2301 LUCIEN WAY
CITY-ST-ZIP	MAITLAND, FL 32751

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 407-835-0418

Date

Daytime Phone #