

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F59404

1. Entity Name
BROSON ENTERPRISES, INC.



FILED

05 MAY 31 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1122 NW 2ND STREET
DELRAY BEACH, FL 33444

Mailing Address
1122 NW 2ND STREET
DELRAY BEACH, FL 33444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05172005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2154045

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, BARBARA D
1122 NW 2ND STREET
DELRAY BEACH, FL 33444

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 DT ☐ Delete
NAME BROWN, BARBARA D
STREET ADDRESS 11640 DOVE HOLLOW AVE.
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE VP ☐ Change ☒ Addition
NAME Valeria Collier Vick
STREET ADDRESS 16006 Ashvale Dr.
CITY-ST-ZIP Tomball, Texas 77377

TITLE P ☐ Delete
NAME BROWN, BARBARA D
STREET ADDRESS 1122 NW 2ND STREET
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE S ☐ Change ☒ Addition
NAME Kim J. Brown
STREET ADDRESS 2469 Mallory Hills Rd
CITY-ST-ZIP Jacksonville, FL 32221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Barbara D Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/05 (281) 2579078
Date Daytime Phone