


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

06-26-2006 90005 001 \*\*\*150.00

06-26-2006 90005 002 \*\*\*\*\*8.75

DOCUMENT # <u>FA7000002350</u>	
1. Entity Name  Olde Broadway South, Inc.	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1493 Kolenda St. Suite, Apt. #, etc.		3. Mailing Address 1493 Kolenda St. Suite, Apt. #, etc.	
City & State Port Charlotte, Florida Zip 33952 Country U.S.OF A.		City & State Port Charlotte, Florida Zip 33952 Country U.S.OF A.	

**66020570**

CR2E034B (8/05)

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number 76-0529347		Applied For Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Irene Baxendale Street Address (P.O. Box Number is Not Acceptable) 1493 Kolenda St. Port Charlotte City FL Zip Code 33952		

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE P NAME Baxendale, Irene STREET ADDRESS 1493 Kolenda St. CITY-ST-ZIP Port Charlotte, Florida 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE TD NAME Ohendalski, Richard STREET ADDRESS 1423 'D' Brazos Rd. CITY-ST-ZIP Huntsville, TX 77342	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE SD NAME Ohendalski, Kay STREET ADDRESS 1423 'D' Brazos Rd. CITY-ST-ZIP Huntsville, TX 77342	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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 on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irene Baxendale

Date

6/19/06

Daytime Phone #

# ATTACHMENT

66020570

#F97000602350

Please Note: Bottom of this letter.

Also: Please mail Certificate of Status to address listed.

Olde Broadway South, Inc. 1493 Kolenda St.  
Port Charlotte, Fl. 33952

IRENE BAXENDALE  
1493 KOLENDA ST  
PORT CHARLOTTE FL 33952

Request taken by: rawoodall  
06-01-2006

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

TO: Division of Corporations

FROM: Olde Broadway South of Texas, Inc. Irene Baxendale President

Dear Sirs:

Unfortunately I do not have access to a computer at this time.

It took me so long in trying to replace the notice you sent that by sheer accident  
I finally got through to a recording that resulted in receiving this form.

If I must be penalized for being late, please advise.

