


**2004.FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 25, 2004 08:00 AM**  
**Secretary of State**


DOCUMENT # F98000005110  
 1. Entity Name  
 BRUCE BRODER, INC.



Principal Place of Business  
 7997 WOODPECKER TRAIL  
 JACKSONVILLE, FL 32256

Mailing Address  
 7997 WOODPECKER TRAIL  
 JACKSONVILLE, FL 32256

**DO NOT WRITE IN THIS SPACE**



07312004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 38-2366050 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, LONGMAN & WALKER, P.A.  
 9428 BAYNEADOWS ROAD  
 SUITE 625  
 JACKSONVILLE, FL 32256

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPT BRODER, DEBORAH C 7997 WOODPECKER TRAIL JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRODER, BRUCE 7997 WOODPECKER TRAIL JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRODER, ANDREW J 32100 TELEGRAPH ROAD, SUITE 200 BINGHAM FARMS, MI 480252454
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000170837  
 08/25/04-80002-008 550.00

**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 1907(3)(f), 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: Deborah Broder Aug 1, 2004 914/389-6222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR