

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90162 029 \*\*\*150.00

**DOCUMENT # G25715**

1. Entity Name

**BROESLER ENTERPRISES, INC.**



Principal Place of Business

**449 49TH STREET, SOUTH  
ST. PETERSBURG FL 33707**

Mailing Address

**449 49TH STREET, SOUTH  
ST. PETERSBURG FL 33707**

2. Principal Place of Business

**4911 18 AVE SO.**

3. Mailing Address

**4911 18 AVE SO.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**GULFPORT FL.**

City & State

**GULFPORT FL**

Zip

**33707**

Country

**U.S.A.**

Zip

**33707**

Country

**USA**

4. FEI Number

**59-3374785**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

**BROESLER, MICHAEL  
449 49TH STREET, SOUTH  
ST. PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

Name **Broesler, Michael**  
Street Address (P.O. Box Number is Not Acceptable)  
**4911 18 AVE SO.**

City **GULFPORT**

FL

Zip Code **33707**

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

*Michael Broesler Pres. Michael Broesler*

**2-21-05**

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, 2005 Fee Will Be \$550.00**

**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 **PD** ☐ Delete  
NAME **BROESLER, MICHAEL**  
STREET ADDRESS **3026 52ND STREET, SOUTH**  
CITY-ST-ZIP **GULFPORT FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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:

*Michael Broesler Pres. Michael Broesler 2-21-05 727-323-7545*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #