2006 FOR PROFIT CORPORATION ANNUAL REPORT

2/7/2006-90022-022-$100.00-FILED

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # G73631

1. Entity Name
BROETSKY EQUIPMENT, INC.

Principal Place of Business	Mailing Address
% BEN F. ZIMMER, III 109 SUSAN DRIVE SEFFNER, FL 33584	% BEN F. ZIMMER, III P O BOX 18072 TAMPA, FL 33679-8072

DO NOT WRITE IN THIS SPACE

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2343404
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZIMMER, BEN F. III
1924 ORIENT STREET
TAMPA, FL 33607

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BROETSKY, STEPHEN J
STREET ADDRESS	109 SUSAN DR
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	D
NAME	BROETSKY, JULIE
STREET ADDRESS	109 SUSAN DRIVE
CITY-ST-ZIP	SEFFNER, FL 33584
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	

U00000[illegible]
02/08/06 80089-021 150.00

[illegible]
03/14/06-80014-011 50.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Julie Broetsky Julie Broetsky 1-20-06 813-390-1305
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #