

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # H05508**

1. Entity Name  
**BROOMFIELD LAWN SERVICE, INC.**



**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90346 048 \*\*\*150.00

Principal Place of Business  
**2662 NW 4TH ST.  
FT. LAUDERDALE, FL 33311 US**

Mailing Address  
**8440 N.W. 45TH MANOR  
CORAL SPRINGS, FL 33065 US**

2. Principal Place of Business  
**356 N.W. 27th AVE.**

Suite, Apt. #, etc.

3. Mailing Address  
  
Suite, Apt. #, etc.

City & State  
**FT. LAUDERDALE, FL**

Zip  
**33311**

Country  
**USA**

City & State  
  
Zip  
  
Country

04102006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2403435**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BROOMFIELD, LLOYD  
8440 N.W. 45TH MANOR  
CORAL SPRINGS, FL 33065**

**7. Name and Address of New Registered Agent**

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

**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 Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PD  
BROOMFIELD, BERNARD  
8440 N.W. 456TH MANOR  
CORAL SPRINGS, FL 33065**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**STD  
BROOMFIELD, MOZELL  
8440 N.W. 45TH MANOR  
CORAL SPRINGS, FL 33065**

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TITLE  
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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:**

*Mozell Broomfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06  
Date

954-581-9285  
Daytime Phone #