

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # J44957

1. Entity Name
MUSTACHE MAN & COMPANY, INC.



Principal Place of Business
**1579 SW DYER PT RD.
PALM CITY, FL 34990**

Mailing Address
**1579 SW DYER PT RD.
PALM CITY, FL 34990**



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2746152

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROGAN, JAMES T.
1579 SW DYER PT RD.
PALM CITY, FL 34990**

**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 _____

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, 2007 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
**DP
BROGAN, JAMES T.
1579 SW DYER POINT RD
PALM CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
BROGAN, MARY E.
1579 SW DYER POINT RD
PALM CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROGAN, JAMES T., IV
8084 SE CARLTON ST
HOBE SOUND, FL 33455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROGAN, PATRICK T.
3031 SW SUNSET TRACE CIR
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000704391

04/23/07-80009-009 150.00

**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:

MARY E. Brogan
MARY E. BROGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07

Date

772-283-8864

Daytime Phone #