## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 14, 2008 08:00 A Secretary of State **DOCUMENT # K48436** 1. Entity Name BROKERAGE FINANCIAL SERVICES, INC. Mailing Address Principal Place of Business % WILLIAM J. HARLE, JR. 201 WILLIAMS ROAD 201 WILLIAMS ROAD WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 CR2E034 (11/05) 02252008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2921177 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HARLE, WILLIAM J., JR. 201 WILLIAMS ROAD WINTER SPRINGS, FL 32708 , 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HARLE, WILLIAM J., JR. NAME STREET ADDRESS 201 WILLIAMS ROAD CITY-ST-ZIP WINTER SPRINGS, FL TITLE HARLE, CARLA S NAME STREET ADDRESS 201 WILLIAMS ROAD CITY-ST-ZIP WINTER SPRINGS, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE **TITLE** NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**