

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90042 001 \*\*\*150.00

**DOCUMENT # P0000089042**

1. Entity Name

ANOTHER BROKEN EGG OF AMERICA, INC.



Principal Place of Business

200 GARARD ST  
MANDEVILLE LA 70448

Mailing Address

525 KIMBERLY ANN DR  
MANDEVILLE LA 70471

2. Principal Place of Business

525 Kimberly Ann Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Manville, Louisiana

City & State

Zip  
70471

Country

USA

Zip

Country

4. FEI Number

59-3741586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARD, LORI ELLEN ESQ  
MATTHEWS & HAWKINS, P.A.  
607 HWY 98 E  
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Ron E. Green  
9100 Baytowne Wharf Blvd  
Suite A-4  
City Sandestin FL Zip Code 32550

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 RON E. GREEN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CEO  
GREEN, RON E PRES  
525 KIMBERLY ANN DRIVE  
MANDEVILLE LA 70471 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
GREEN, SHARON F  
525 KIMBERLY ANN DR  
MANDEVILLE LA 70471 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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: Sharon Green Sharon Green 3/4/04 985-264-1234  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #