


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000082467</b> 1. Entity Name <b>BRODAHL ENTERPRISES, INC.</b>	
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Principal Place of Business <b>965 SPRING GARDEN ST ALTAMONTE SPRINGS, FL 32701</b>	Mailing Address <b>965 SPRING GARDEN ST ALTAMONTE SPRINGS, FL 32701</b>
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04082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3739357</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent  <b>EKDAHL, ROBERT A 2509 RIDGEWIND WAY WINDEMERE, FL 34786</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reissuing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	<b>P EKDAHL, ROBERT A 2509 RIDGEWIND WAY WINDEMERE, FL 34786</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V EKDAHL, PAUL E 965 SPRING GARDEN STREET ALTAMONTE SPRINGS, FL 32701</b>
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04/20/04-80030-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Paul E. Ek Dahl Paul E. Ek Dahl 4/12/04 (407) 331 3398  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #