

8150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY 13 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000099271 1. Entity Name BROKER'S HOLDING COMPANY, INC.					
Principal Place of Business 2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789			Mailing Address 2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789		
2. Principal Place of Business 241 S. Westmonte Dr. Suite, Apt. #, etc. Suite 1000		3. Mailing Address 241 S. Westmonte Drive Suite, Apt. #, etc. Suite 1000			
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL		4. FEI Number 59-3750236	
Zip 32714		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEPHAN, REINHARD G ESQ. 2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Reinhard G. Stephan Street Address (P.O. Box Number is Not Acceptable) 241 S. Westmonte Dr., Suite 1000 City Altamonte Springs, FL Zip Code 32714	
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 <u>Reinhard G. Stephan</u> 3-25-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent's signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD STEPHEN, REINHARD G 2699 LEE ROAD, SUITE 540 WINTER PARK, FL 32789	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Reinhard G. Stephan 241 S. Westmonte Dr., Ste. 1000 Altamonte Springs, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LANDOW, ALAN 1713 BRIDLEWALK COURT GOTHA, FL 34734	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alan Landow 1745 Thoroughbred Drive Gotha, FL 34734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 900037303499 05/25/04--01070--012 **1250.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 135/20 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 3-25-04 407-772-3330 </div> <small>Date Daytime Phone #</small>		