


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90012 003 \*\*\*150.00

DOCUMENT # P02000036128  
 1. Entity Name  
 CHAS. H. BRODZKI, ESQ., P.A.



Principal Place of Business  
~~1325 N 7 AVE STE 234~~  
~~BOZEMAN, MT 59715~~  
 80910 Overseas Highway  
 Islamorada, FL 33036

Mailing Address  
 1325 N 7 AVE STE 234  
 BOZEMAN, MT 59715

**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 46-0514544

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BRYN, MARK J  
 2 SOUTH BISCAYNE STE 2680  
 MIAMI, FL 33131

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRODZKI, CHAS H
STREET ADDRESS	1325 N 7 AVE STE <del>234</del> #234
CITY-ST-ZIP	BOZEMAN, MT 59715
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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 information.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 3 2005  
 406-587-5267  
 X234