

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90039 017 ***150.00

DOCUMENT # P02000036308

1. Entity Name

BROKEN BOW ESTATES, INC.



Principal Place of Business

**809 HIGH POINT DRIVE
PORT ORANGE FL 32127**

Mailing Address

**809 HIGH POINT DRIVE
PORT ORANGE FL 32127**

2. Principal Place of Business

794 SANDERS RD.

3. Mailing Address

P.O. Box 290490

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

Zip

32127

Country

USA

Zip

32129

Country

USA

6. Name and Address of Current Registered Agent

**KOREY, ROBERT K
595 W. GRANADA BOULEVARD
SUITE A
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 of named or appointed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-19-04

DATE

**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

**P
PAYTAS, JAMES W
809 HIGHPOINT DRIVE
PORT ORANGE FL 32127**

☐ Delete

TITLE
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CITY-ST-ZIP

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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:

Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04

Date

386/156-0439

Daytime Phone #