

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90060 008 ***150.00

DOCUMENT # P02000119017

1. Entity Name
BROADWAY MEGS AND RAM, INCORPORATED



Principal Place of Business
**167 E. INTERNATIONAL SPEEDWAY BLVD
STE A
DAYTONA BEACH, FL 32118**

Mailing Address
**P.O. BOX 291004
PORT ORANGE, FL 32129**

94012593



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

41-2063589

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPEHART, GEORGE W
100 BITTERN CT.
DAYTONA BEACH, FL 32119**

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

George W. Capehart

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

(NOTE: Registered Agent signature required when reinstating.)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **VINCENT, DENN**
STREET ADDRESS **1522 N. HALIFAX AVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **S** ☐ Delete
NAME **ROONES, BERT**
STREET ADDRESS **183 WINDWARD CIRCLE**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **T** ☐ Delete
NAME **MASAFELLER, JULIE**
STREET ADDRESS **183 WINDWARD CIRCLE**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **President** ☐ Delete
NAME **George W. Capehart**
STREET ADDRESS **100 Bittern Ct**
CITY-ST-ZIP **Daytona Beach, FL 32119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **D. Glenn**

STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Reames**

TITLE ☒ Change ☐ Addition
NAME **Massfeller**

TITLE ☐ Change ☒ Addition
NAME

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

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

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

George W. Capehart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #