

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90028 024 \*\*\*150.00

**DOCUMENT # P03000004930**

1. Entity Name

REEL BUSY, INC.



Principal Place of Business

41 JOLLY ROGER DR.  
KEY LARGO FL 33037

Mailing Address

41 JOLLY ROGER DR.  
KEY LARGO FL 33037

2. Principal Place of Business

3. Mailing Address

TAVERNIA CREEK MARINA

379 SO. COCONUT PALM BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAVERNIA, FLA.

TAVERNIA, FLA.

Zip

Country

Zip

Country

33070

MONROE

33070

MONROE

4. FFI Number

352194390

Applied For

Not Applicable

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

ZIEGLER, S. HARVEY ESQ.  
41 JOLLY ROGER DR.  
KEY LARGO FL 33037

Name

WAYNE M. BRODEUR

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

379 SO. COCONUT PALM BLVD.

City

TAVERNIA

FL

Zip Code

33070

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 reinstating)

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	CHAIRMAN	<input type="checkbox"/> Delete
NAME	ALICE BRODEUR	
STREET ADDRESS	14405 SW 79 CT	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	WAYNE M. BRODEUR	
STREET ADDRESS	379 SO COCONUT PALM BLVD	
CITY-ST-ZIP	TAVERNIA FL 33070	
TITLE	SEC/TREASURER	<input type="checkbox"/> Delete
NAME	MARY BRODEUR	
STREET ADDRESS	379 SO COCONUT PALM BLVD	
CITY-ST-ZIP	TAVERNIA FL 33070	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-04 305-304-9049