


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90096 002 ***155.00

| | | |
|--|--|---|
| DOCUMENT # P03000006033 | |  |
| 1. Entity Name BROMLEY FINANCIAL GROUP, INC. | | |

| | |
|---|---|
| Principal Place of Business 617 WORTHINGTON DRIVE WINTER PARK, FL 32789 | Mailing Address 617 WORTHINGTON DRIVE WINTER PARK, FL 32789 |
|---|---|

54060484

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



07062004 Chg-P CR2E034 (10/03)

| | | |
|---|--|--|
| 4. FEI Number 52-2388231 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|---|--|--|-----------------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| JONES, DAVID 617 WORTHINGTON DRIVE WINTER PARK, FL 32789 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | Zip Code FL |

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D JONES, DAVID 617 WORTHINGTON DRIVE WINTER PARK, FL 32789 <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 |
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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: David L. Jones **DAVID L JONES** 7/6/04 407-645-2464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #