


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90306 034 ***150.00

66415561

DOCUMENT # P03000094867					
1. Entity Name SOUTHEAST BROACH COMPANY, INC.					
Principal Place of Business 1420 NORTH WEST 65TH AVENUE PLANTATION, FL 33313			Mailing Address 1961 SULLIVAN DRIVE HARRISON, MI 48625		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0427800	
				Applied For 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		
MANIFOLD, W. JOSEPH 1420 NORTH WEST 65TH AVENUE PLANTATION, FL 33313			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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, WILLIAM L		NAME		
STREET ADDRESS	1961 SULLIVAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HARRISON, MI 48625		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ROBERT		NAME		
STREET ADDRESS	1961 SULLIVAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HARRISON, MI 48625		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANIFOLD, W. JOSEPH		NAME		
STREET ADDRESS	1961 SULLIVAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HARRISON, MI 48625		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LESLIE E. BITTING JR.	
STREET ADDRESS			STREET ADDRESS	1420 N.W. 65TH AVENUE	
CITY-ST-ZIP			CITY-ST-ZIP	PLANTATION FL 33313	
TITLE		<input type="checkbox"/> Delete	TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ELBERT F. THOMPSON	
STREET ADDRESS			STREET ADDRESS	1420 N.W. 65TH AVENUE	
CITY-ST-ZIP			CITY-ST-ZIP	PLANTATION FL 33313	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>W J Manifold</u> W J MANIFOLD <u>3/31/04</u> 3/31/04 <u>989-539-7420</u> 989-539-7420					