## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000094867

Title:

Name:

Address:

City-St-Zip:

FILED Feb 04, 2005 Secretary of State

Entity Name: SOUTHEAST BROACH COMPANY, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
1420 NORTH WEST 65TH AVENUE PLANTATION, FL 33313				1420 N.W. 65TH AVENUE PLANTATION, FL 33313		
Current Mailing Address:				New Mailing Address:		
1961 SULLIVAN DRIVE HARRISON, MI 48625				1420 N.W. 65TH AVENUE PLANTATION, FL 33313		
FEI Number:	20-0427800	FEI Number Applied For ( )	FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name an	Name and Address of New Registered Agent:		
MANIFOLD, W. JOSEPH 1420 NORTH WEST 65TH AVENUE PLANTATION, FL 33313 US				THOMPSON, ELBERT F 1420 N.W. 65TH AVENUE PLANTATION, FL 33313 US		
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.						
SIGNATURE: ELBERT F. THOMPSON				02/04/2005		
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITIC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () MARTIN, WILLIA 1961 SULLIVAN HARRISON, MI	DRIVE	Title: Name: Address: City-St-Zip:		change()Addition	
Title: Name: Address: City-St-Zip:	D () MARTIN, ROBER 1961 SULLIVAN HARRISON, MI	DRIVE	Title: Name: Address: City-St-Zip:		hange ( ) Addition	
Title: Name: Address: City-St-Zip:	SEC () MANIFOLD, W. 1961 SULLIVAN HARRISON, MI	DRIVE	Title: Name: Address: City-St-Zip:		change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () BBITTING, LESL 1420 NW 65TH A PLANTATION, F	AVE.	Title: Name: Address: City-St-Zip:	BITTING, LESLIE 1420 NW 65TH A	VE.	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ELBERT F. THOMPSON AS 02/04/2005

( ) Delete

THOMPSON, ELBERT F

PLANTATION, FL 33313

1420 NW 65TH AVE.

() Change () Addition