

# ANNUAL REPORT (AR)

DOCUMENT # P03000132439

1. Entity Name

BROKEN E. ENTERPRISES, INC.



**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1460 FOX CREEK DR  
SARASOTA FL 34240

Mailing Address  
1460 FOX CREEK DR  
SARASOTA FL 34240



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 20-0423902

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGINNESS, W. LEE  
1800 SECOND ST STE 971  
SARASOTA FL 34236

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

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, 2007 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	P	<input type="checkbox"/> Delete
NAME	UNDERHILL, W. EARL	
STREET ADDRESS	1460 FOX CREEK DR	
CITY-STATE-ZIP	SARASOTA FL 34240	
TITLE	V	<input type="checkbox"/> Delete
NAME	UNDERHILL, RICHARD E	
STREET ADDRESS	1460 FOX CREEK DR	
CITY-STATE-ZIP	SARASOTA FL 34240	
TITLE	V	<input type="checkbox"/> Delete
NAME	UNDERHILL, EDWARD E	
STREET ADDRESS	1460 FOX CREEK DR	
CITY-STATE-ZIP	SARASOTA FL 34240	
TITLE	ST	<input type="checkbox"/> Delete
NAME	UNDERHILL, CAROL R	
STREET ADDRESS	1460 FOX CREEK DR	
CITY-STATE-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000640340	
STREET ADDRESS	02/28/07-80062-008 150.00	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Carol R. Underhill*  
CAROL R. UNDERHILL (914)  
SECRETARY 2-16-07 377-1413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #