


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

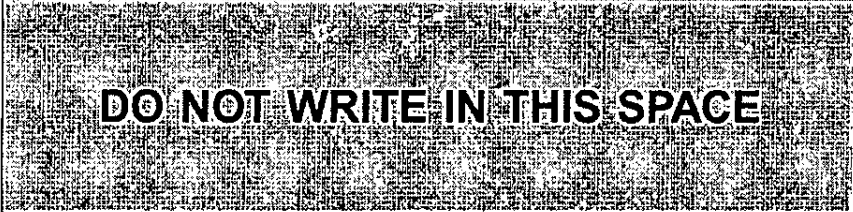
DOCUMENT # P03000147761

1. Entity Name
BROOME MANAGEMENT, INC.



Principal Place of Business Mailing Address

7 COCONUT ROW **7 COCONUT ROW**
PORT ORANGE, FL 32127 **PORT ORANGE, FL 32127**



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

20-0521197 Not Applicable

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

6. Name and Address of Current Registered Agent

HALEY, WILLIAM J
116 NW COLUMBIA AVE
LAKE CITY, FL 32055



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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

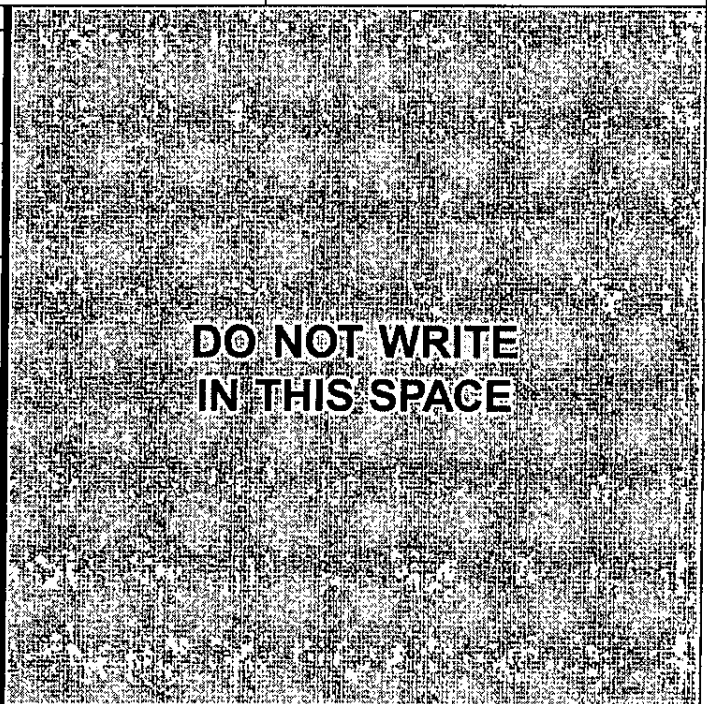
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. Added to Fees

000000941580
05/28/08-80111-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROOME, FRANK
STREET ADDRESS	7 COCONUT ROW
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	D
NAME	BROOME, BRENDA
STREET ADDRESS	7 COCONUT ROW
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

_____ **Date** _____ **Daytime Phone #**