## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 28, 2005 8:00 am Secretary of State DOCUMENT # P04000060161 04-28-2005 90175 041 \*\*\*150.00 1. Entity Name BRYAN BROOMFIELD CONSTRUCTION INC. Principal Place of Business Mailing Address 625 EAST MCDONALD AVE P.O. BOX 1081 EUSTIS, FL 32726 US EUSTIS, FL 32727 US 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 01042005 CR2E034 (10/03) City & State Applied For City & State 4. EEI Number 20-0973664 Not Applicable \$8.75 Additional Zip Country Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Broomfield, Bryan K. BRYAN, BROOMFIELD K Street Address (P.O. Box Number is Not Acceptable) 625 EAST MCDONALD AVE EUSTIS, FL 32726 625 East Mc Donald Ave City Eustis 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. 4-26-05 SIGNATURE inted name of registered agent and title if applica (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete Addition TITLE ☐ Change NAME BROOMFIELD, BRYAN K NAME STREET ADDRESS 625 EAST MCDONALD AVE STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32726 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

4-26-05

**FILED**