

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90398 025 ***150.00

DOCUMENT # P05000159951

1. Entity Name
6901 BROADWAY CORP.



Principal Place of Business
**809 E. BLOOMINGDALE AVE., STE. 305
BRANDON, FL 33511**

Mailing Address
**809 E. BLOOMINGDALE AVE., STE. 305
BRANDON, FL 33511**

2. Principal Place of Business
11981 N. Williams Rd.

3. Mailing Address
11981 N. Williams Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112006

Chg-P

CR2E034 (11/05)

City & State
Thonotosassa, FL

City & State
Thonotosassa, FL

4. FEI Number
20-3917978

Applied For
Not Applicable

Zip
33592-2109

Country
USA

Zip
33592-2109

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREGORY, WILLIAM P.
715 SWANN AVE.
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **CONNOLLY, MARCIA L.**
STREET ADDRESS **809 E. BLOOMINGDALE AVE., STE. 305**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Coniglio, George**
STREET ADDRESS **11981 N. Williams Rd.**
CITY-ST-ZIP **Thonotosassa, FL 33592-2109**

TITLE **D** ☐ Change ☒ Addition
NAME **William P. Gregory**
STREET ADDRESS **715 Swann Ave.**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

William P. Gregory

04-13-06

(813) 251-8631

Date

Daytime Phone #