

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000164476

1. Entity Name
BROXTON CLAIMS CONSULTING, INC.



Principal Place of Business

**1537 COUNTY ROAD 309
GEORGETOWN, FL 32139**

Mailing Address

**P.O. BOX 1024
WELAKA, FL 32193**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4265842

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROXTON, ROBERT E
1537 COUNTY ROAD 309
GEORGETOWN, FL 32139**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
BROXTON, ROBERT E
P.O. BOX 1024
WELKA, FL 321931024**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
BROXTON, JUETTE G
P.O. BOX 1024
WELKA, FL 321931024**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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U000000677967
04/02/07-80014-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Robert E. Broxton **Robert E. Broxton**

Date

386-467-4004

Daytime Phone #