

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90177 031 ***150.00

DOCUMENT # P06000009439

1. Entity Name
CHARLES BROUSSARD, INC.



Principal Place of Business
5714 COCO PALM DRIVE
TAMARAC, FL 33319 US

Mailing Address
5714 COCO PALM DRIVE
TAMARAC, FL 33319 US

400000044



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
14-1949867

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HULL, JOHN H
5714 COCO PALM DRIVE
TAMARAC, FL 33319

Name
CHARLES BROUSSARD

Street Address (P.O. Box Number is Not Acceptable)

18186 40TH RUN N.

City LOXAHATCHEE

FL

Zip Code 33470

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]

CHARLES BROUSSARD, Pres

3/30/07

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BROUSSARD, CHARLES
STREET ADDRESS 18186 40TH RUN N.
CITY-ST-ZIP LOXAHATCHEE, FL 33470 ☐ Delete

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

TITLE PVP
NAME BROUSSARD, CHARLES
STREET ADDRESS 18186 40TH RUN N.
CITY-ST-ZIP LOXAHATCHEE, FL 33470 ☐ Delete

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

TITLE T
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STREET ADDRESS 18186 40TH RUN N.
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CITY-ST-ZIP ☐ Change ☐ Addition

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] CHARLES BROUSSARD, Pres.

3/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #