


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2008 8:00 am**  
**Secretary of State**

06-25-2008 90009 030 \*\*\*150.00

<b>DOCUMENT # P07000083947</b>	
--------------------------------	---

1. Entity Name  
**BROADWAY PUB, INC**

Principal Place of Business <b>8 BROADWAY SUITE 218 KISSIMMEE, FL 34741 US</b>	Mailing Address <b>8 BROADWAY SUITE 218 KISSIMMEE, FL 34741 US</b>
---	---

2. Principal Place of Business - No P.O. Box # <b>202 BROADWAY</b>	3. Mailing Address <b>202 BROADWAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>KISSIMMEE, Florida</b>	City & State <b>KISSIMMEE, Florida</b>
Zip <b>34741</b>	Zip <b>34741</b>
Country <b>US</b>	Country <b>US</b>

01112008 Chg-P CR2E034 (12/06)

4. FEI Number <b>26-0573190</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**PARSONS, RAY C  
8 BROADWAY  
SUITE 218  
KISSIMMEE, FL 34741**

**7. Name and Address of New Registered Agent**

Name <b>Ray C. Parsons</b>
Street Address (P.O. Box Number is Not Acceptable) <b>202 BROADWAY</b>
City <b>KISSIMMEE</b>
State <b>FL</b>
Zip Code <b>34741</b>

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

**4.23.08**

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

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

**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>PARSONS, RAY C</b>	
STREET ADDRESS <b>8 BROADWAY, SUITE 218</b>	
CITY-ST-ZIP <b>KISSIMMEE, FL 34741</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>202 BROADWAY</b>	
CITY-ST-ZIP <b>KISSIMMEE FL 34741</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

**4.23.08**