


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90032 010 \*\*\*150.00

<b>DOCUMENT # P07000092070</b>		
1. Entity Name <b>BROYLES CONSTRUCTION INC</b>		

Principal Place of Business <b>3542 BARNEY COURT MIMS, FL 32754</b>	Mailing Address <b>5070 MELISSA DRIVE TITUSVILLE, FL 32780</b>
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**40067162**

2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1195 Sexton Rd. SW.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Palm Bay, FL</b>	
Zip <b>32908</b>	Country <b>USA</b>	Zip <b>32908</b>	Country <b>USA</b>



03072008 Chg-P CR2E034 (12/06)

4. FEI Number <b>26-0761595</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BROYLES, FREDERICK G III 5070 MELISSA DRIVE TITUSVILLE, FL 32780</b>		7. Name and Address of New Registered Agent Name <b>Frederick G. Broyles III</b> Street Address (P.O. Box Number is Not Acceptable) <b>1195 Sexton Rd. SW</b> City <b>Palm Bay</b> FL Zip Code <b>32908</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: *Frederick G. Broyles III* **Frederick Broyles owner** DATE: **3-25-08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROYLES, FREDERICK G III 5070 MELISSA DRIVE TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Frederick Broyles III 1195 Sexton Rd. SW. Palm Bay, FL 32908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROYLES, KRISTI R 5070 MELISSA DRIVE TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kristi Broyles 1195 Sexton Rd. SW Palm Bay, FL 32908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frederick G. Broyles III* **Frederick Broyles owner** DATE: **3-25-08**

*Kristi Broyles* **Kristi Broyles VP** DATE: **4/10/08** DAYTIME PHONE: **321-768-7847**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR