## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 21, 2005 08:00 AM Secretary of State

	MILITOR I	·				
DOCUMENT # P08800  1. Entity Name THE BROKEN NIBLICK, INC.				Secretary of State		
Principal Place of Business Mailing Address  1850 BOY SCOUT DRIVE, SUITE 104  FT MYERS, FL 33907  Mailing Address  1850 BOY SCOUT DRIVE, SUITE FT MYERS, FL 33907			E 104			
D	O NOT WRITE  6. Name and Address of Current Re		CE	01282005 4. FEI Numb 59-218		
SUITE 104	N SCOUT DR	in the state of th	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 it applicable. (NOTE Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Camp Trust Fund Co				.00 May Be ded to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIS P DUNN, KEN 1850 BOY SCOUT DRIVE SUITE 1 FT. MYERS, FL					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					U00000237309 02/21/05-80051-023 150.00	
NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del></del>			# 1051A	
NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR