

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # **0900010924**

1. Entity Name

ALAN D BRODER ADD INC



11 OCT 10 PM 2:51

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

3447 Gerber Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Lake Placid

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ALAN BRODER

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

3447 Gerber Ave

City

Lake Placid

FL

Zip Code

33852

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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

**President
ALAN BRODER
3447 Gerber Ave
Lake Placid FL 33852**

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

000213132590
10/10/11--01016--008 **150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.165 F.S.

SIGNATURE:

Alan Broder

Alan Broder President

9/15/11

DATE

863-465-6166

Daytime Phone #

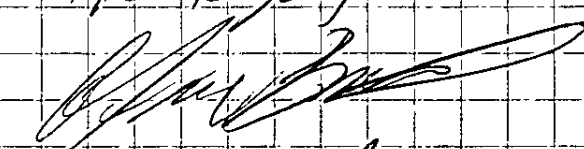
pg 2 of 2

08/08/2011

RE: Alan D Broder : ABD, Inc

PO9000101924

I filed my annual report on 05/01/2011
I paid it ~~for~~ with my bookkeepers credit card.
We did this on www.sunbiz.org
A copy of payment confirmation is enclosed.
Please look into this. I did what was
required on 5/01/2011

Thank you

Alan Broder