


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90235 031 \*\*\*150.00

**DOCUMENT # P94000011048**

1. Entity Name  
**BRODERICK REALTY, CORP.**



Principal Place of Business      Mailing Address

**5514 PARK BLVD**      **5514 PARK BLVD**  
**PINELLAS PARK, FL 33781**      **PINELLAS PARK, FL 33781**

**50020620**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01052005      Chg-P      CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**ENGLANDER, LEONARD S**  
**721 1ST AVE. NORTH**  
**SAINT PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

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 \_\_\_\_\_ (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 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                      | P <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>BRODERICK, SEAN</b>                       | NAME  |   |
| STREET ADDRESS             | <b>5514 PARK BOULEVARD</b>                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>PINELLAS PARK, FL 33781</b>               | CITY-ST-ZIP   |   |
| TITLE                      | S <input type="checkbox"/> Delete            | TITLE   | <b>PST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BRODERICK, TONIA M</b>                    | NAME  |   |
| STREET ADDRESS             | <b>5514 PARK BOULEVARD</b>                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>PINELLAS PARK, FL 33781</b>               | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete              | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |

12. I hereby certify that the information supplied with this filing 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:**       **2/28/05**      **727-544-1403**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #