


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000031813

1. Entity Name
BROCO OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address

P.O. BOX 5910 P.O. BOX 5910
 JACKSONVILLE, FL 32247 JACKSONVILLE, FL 32247

DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3249358 Not Applicable

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

6. Name and Address of Current Registered Agent

BEALE, JOHN P
1544 SAN MATEO AVE
JACKSONVILLE, FL 32207

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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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BEALE, ROGER A
STREET ADDRESS	1544 SAN MATEO AVE.
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	BEALE, JOHN P
STREET ADDRESS	1544 SAN MATEO AVE.
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	BEALE, MICHAEL F
STREET ADDRESS	3086 BLVD. CENTER DR.
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000052029
 02/16/04-80076-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **John P. Beale** 1-20-04 904-399-0508
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #