

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000031813

FILED  
Feb 29, 2008  
Secretary of State

Entity Name: BROCO OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

P.O. BOX 5910  
JACKSONVILLE, FL 32247

**New Principal Place of Business:**

1522 SAN MATEO AVE  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

P.O. BOX 5910  
JACKSONVILLE, FL 32247

**New Mailing Address:**

FEI Number: 59-3249358      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BEALE, ROGER A  
Address: 1544 SAN MATEO AVE.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D      ( ) Delete  
Name: BEALE, JOHN P  
Address: 1544 SAN MATEO AVE.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D      ( ) Delete  
Name: BEALE, MICHAEL F  
Address: 2017 COMPARNERS AVE  
City-St-Zip: LAKELAND, FL 33804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. BEALE

RA

02/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date