

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000037481**

1. Entity Name  
**FLORIDA ECO-SAFARIS, INC.**



Principal Place of Business  
**502 E. NEW HAVEN AVENUE  
MELBOURNE, FL 32901**

Mailing Address  
**502 E. NEW HAVEN AVENUE  
MELBOURNE, FL 32901**



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3446952**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FALLACE, JAMES H  
1900 S. HICKORY STREET  
MELBOURNE, FL 32901**

**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 if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DPST
NAME	BROUSSARD, WILLIAM J
STREET ADDRESS	502 E. NEW HAVEN AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE	DV
NAME	BROUSSARD, MARGARET R
STREET ADDRESS	3660 N. RIVERSIDE DR
CITY-ST-ZIP	INDIALANTIC, FL 32903

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U000000932258  
05/22/08-80047-014 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*William J. Broussard*  
**WILLIAM J. BROUSSARD**

**PRESIDENT 4-23-08 321-726-4000**

Date

Daytime Phone #