

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90039 008 \*\*\*150.00

**DOCUMENT # S22236**

1. Entity Name

THE BROKERS' OFFICE, INC.



Principal Place of Business

754 BELCHER RD., N.  
CLEARWATER FL 33765  
US

Mailing Address

754 BELCHER RD., N.  
CLEARWATER FL 33765  
US

94048744



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1906 DREW ST.

Suite, Apt. #, etc.

3. Mailing Address

1906 DREW ST.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL.

City & State

CLEARWATER, FL.

4. FEI Number

59-3043044

Applied For

Not Applicable

Zip

33765

Country

US

Zip

33765

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARLAN, BRUCE M.  
326 BELCHER RD. N.  
CLEARWATER FL 34625

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME O'KEEFE, MARY  
STREET ADDRESS 477 173 AVE E  
CITY-ST-ZIP N REDINGTON BCH FL 33708

TITLE VP ☐ Delete  
NAME O'KEEFE, JOSEPH STEPHEN  
STREET ADDRESS 477 173 AVE E  
CITY-ST-ZIP N REDINGTON BCH FL 33708

TITLE S ☐ Delete  
NAME O'KEEFE, SHANNON HALLY  
STREET ADDRESS 477 173 AVE E  
CITY-ST-ZIP N REDINGTON BCH FL 33708

TITLE T ☐ Delete  
NAME O'KEEFE, KATHRYN MARY  
STREET ADDRESS 477 173 AVE E  
CITY-ST-ZIP N REDINGTON BCH FL 33708

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Mary O'Keefe MARY O'KEEFE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04

Date

727-395-9044

Daytime Phone #