

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002302

FILED
Mar 08, 2007
Secretary of State

Entity Name: BROOKS INSURANCE AGENCY, INC.

Current Principal Place of Business:

1120 MADISON AVENUE
TOLEDO, OH 43624

New Principal Place of Business:

1120 MADISON AVENUE
TOLEDO, OH 43604

Current Mailing Address:

1120 MADISON AVENUE
TOLEDO, OH 43624

New Mailing Address:

1120 MADISON AVENUE
TOLEDO, OH 43604

FEI Number: 34-4194540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE SUITE 4
WESTON, FL 33331 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: CP () Delete
Name: JOHNSON, DENNIS
Address: 1120 MADISON AVENUE
City-St-Zip: TOLEDO, OH 43624

Title: D () Delete
Name: PLANICKA, JOSEPH
Address: 1120 MADISON AVENUE
City-St-Zip: TOLEDO, OH 43624

Title: D () Delete
Name: JOHNSON, SHEILA
Address: 1120 MADISON AVENUE
City-St-Zip: TOLEDO, OH 43624

Title: VPS () Delete
Name: SCHAEFER, DEBRA
Address: 1120 MADISON AVENUE
City-St-Zip: TOLEDO, OH 43624

Title: VPT () Delete
Name: JOHNSON, PAUL
Address: 1120 MADISON AVENUE
City-St-Zip: TOLEDO, OH 43624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: JOHNSON, DENNIS
Address: 1120 MADISON AVENUE
City-St-Zip: TOLEDO, OH 43604

Title: D (X) Change () Addition
Name: PLANICKA, JOSEPH
Address: 1120 MADISON AVENUE
City-St-Zip: TOLEDO, OH 43604

Title: D (X) Change () Addition
Name: JOHNSON, SHEILA
Address: 1120 MADISON AVENUE
City-St-Zip: TOLEDO, OH 43604

Title: VPS (X) Change () Addition
Name: SCHAEFER, DEBRA
Address: 1120 MADISON AVENUE
City-St-Zip: TOLEDO, OH 43604

Title: VPT (X) Change () Addition
Name: JOHNSON, PAUL
Address: 1120 MADISON AVENUE
City-St-Zip: TOLEDO, OH 43604

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBRA SCHAEFER

VPS

03/08/2007

Electronic Signature of Signing Officer or Director

_____ Date