


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F99000000829
1. Entity Name
BROCK MAINTENANCE INC.



Principal Place of Business
**7305 UP RIVER ROAD
CORPUS CHRISTI, TX 78409**

Mailing Address
**PO BOX 306
BEAUMONT, TX 77704**

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P GR2E034 (10/03)

4. FEI Number 76-0522180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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 _____
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**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, JEFF 7305 UP RIVER ROAD CORPUS CHRISTI, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCK, TODD 7305 UP RIVER ROAD CORPUS CHRISTI, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, PHIL 7305 UP RIVER ROAD CORPUS CHRISTI, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURGUEIN, LORIN 7305 UP RIVER ROAD CORPUS CHRISTI, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Phil Smith, CEO **Phil Smith, CEO** 2-16-04 (409)833-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #