


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90003 023 \*\*\*150.00

DOCUMENT # P04000003292			
1. Entity Name RONALD BROOKS CARPENTRY INC.			
Principal Place of Business 535 BENJULYN RD CANTONMENT, FL 32533		Mailing Address 535 BENJULYN RD CANTONMENT, FL 32533	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
07012004		Chg-P	CR2E034 (10/03)
4. FEI Number 86-1090975		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		7. Name and Address of New Registered Agent	
BROOKS, RONALD C 535 BENJULYN RD CANTONMENT, FL 32533		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, RONALD C 535 BENJULYN RD CANTONMENT, FL 32533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGMAN, JOHN A 535 BENJULYN RD CANTONMENT, FL 32533 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Ronald Brooks</u>		Date: <u>7-1-04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

Dep. of ST

**RETURNED**  
**NOTICE OF ELECTION TO BE EXEMPT**

Attachment

54068728  
#P04000003292

Please refer to the enclosed instructions before completing this form.  
for additional information

**PAID**

**SECTION 1.** I am applying for exemption as a (Please check only one box in this section):

**CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (\$50 APPLICATION FEE REQUIRED)**

Officer of a Corporation (Title: Vice President) -OR-  Member of a Limited Liability Company (LLC)

**NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED)**

Officer of a Corporation (Title: \_\_\_\_\_)

An officer electing an exemption under chapter 440 Florida Statutes is not entitled to benefits under this chapter.

**SECTION 2.** To be eligible for an exemption, the corporation of which you are an officer or the limited liability company of which you are a member must be registered with the Division of Corporations of the Department of State. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Division of Corporations of the Department of State. Please list the registration number (document number shown on your Uniform Business Report) on file with the Division of Corporations. 104000003292

**SECTION 3.** This exemption application applies only to the person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed:

Corporation or LLC Name: Ronald Brooks Carpentry INC FEIN: 96-1090975 Telephone: (850)968-5497

Business Mailing Address: 535 Benjamin Rd. City: Lanternment State: FL Zip: 32533 County: ESC.

Scope of Business or Trade of Applicant: 1. Woodworking 3. \_\_\_\_\_ 4. \_\_\_\_\_

**SECTION 4.** Please list all certified or registered licenses issued to the applicant pursuant to Chapter 489, F.S. (Contractor's License) \_\_\_\_\_

**SECTION 5.** Does the county or municipality in which your business is located require an occupational license for your business?

Yes  No IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED.

**SECTION 6.** Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies?

Yes  No IF YES, PLEASE LIST THE NAME(S) AND FEIN(S) OF THE AFFILIATED CORPORATION(S) OR LLC(S):

NAME: \_\_\_\_\_ FEIN: \_\_\_\_\_

**SECTION 7.** If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC.

- A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED.
- B. To be eligible for a construction industry exemption as a member of a limited liability company (LLC), the applicant must confirm ownership of at least 10% of the company. THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY PRODUCTION OF DOCUMENTATION REFLECTING THE REQUIRED OWNERSHIP, OR BY SUBMITTING A NOTARIZED STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP.

**SECTION 8. FRAUD NOTICE**

- A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree.
- B. Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing notice.

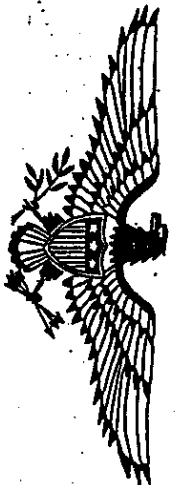
James Brooks  
SIGNATURE OF APPLICANT

**RECEIVED**

JUL 01 2004

**THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE**

BUREAU OF WC COMPLIANCE  
PENSACOLA



Organized under the laws of the state of Florida

James Brooks Machinery Inc  
Corporate Name

This Certifies that James Brooks is the holder of

Attachment

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See Shares of the 1000 shares of the total stock  
# Shares Owned Total # Shares Issued  
issued by the above named Corporation.

This evidences 50 % of the total shares of stock issued by the corporation.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by the duly  
authorized officer this 11 day of July AD. 2004.

Donald Brook President  
Signature of an officer of the Corporation  
James Brooks Vice President

RECEIVED  
JUL 01 2004  
REAU OF W C COMPLIA  
PENSACOLA

Attachment

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**OCCUPATIONAL LICENSE**  
**ESCAMBIA COUNTY, FLORIDA**

**JANET HOLLEY, CFC**  
Tax Collector

04

2003 2004

THIS LICENSE EXPIRES SEPTEMBER 30, 20

LICENSEE IS HEREBY AUTHORIZED TO ENGAGE IN  
THE BUSINESS, PROFESSION OR OCCUPATION OF

CARPENTER  
535 BENJULYN RD

PAID- 178179.0001-0001 208 08/23/2003 25.00

RONALD BROOKS CARPENTRY INC  
535 BENJULYN RD  
CANTONMENT FL 32533

ACCT. NO. 59880 UP TYPE 030108 TOTAL

This license is in addition to and not in lieu of any other license required by law or municipal ordinance and is subject to regulations of zoning, health, contractor licensing, and other lawful authority.

OWNER: BROOKS RONALD

**RECEIVED**

JUL 01 2004

BUREAU OF W C COMPLIANCE  
PENSACOLA

Attachment

54068728  
#104000003292

TOM GALLAGHER  
Chief Financial Officer



DEPARTMENT OF FINANCIAL SERVICES

July 19, 2004

TO: JAMES BROOKS

From: JANICE EVORS

Re: Incomplete Exemption Application

The Division is unable to process your Exemption Application as submitted because it lacks certain required information or documentation, or otherwise did not meet the requirements for issuance of your exemption. The missing information or documentation is identified by the checkmark(s) below. Please provide the identified information or documentation and return your entire application package, including this letter, to the address listed at the bottom of this letter. Please note that the Division has not retained copies of any portion of your application package.

- Only Corporate Officers or Members of a Limited Liability Company (LLC) are permitted an exemption. Your exemption application indicated that your business is a Sole-Proprietorship or a Partnership.
- The Corporation or LLC listed on the exemption application is not registered with the Division of Corporations.
- The Name of the Corporation or Name of LLC is not listed or is incomplete on the exemption application.
- The Corporate Officer seeking the exemption is not listed with the Department of State, Division of Corporations.
- The Scope of Business or Trade is not indicated on the exemption application.
- The Federal Employer Identification Number (FEIN) is not listed or is incorrect as listed on the exemption application.
- Occupational Licenses are required in the jurisdiction where your business is located. A copy of the Occupational License for your business is not included with your exemption application.
- A stock certificate evidencing 10% ownership of the corporation is not included with your application. A sample stock certificate that meets statutory requirements can be obtained at our website: <http://www.fldfs.com/WC/>
- A separate notarized statement affirming at least 10% ownership in the LLC is not included.
- The Applicant's Social Security # is not listed on the exemption application.
- The Certified or Registered Licenses number held by the applicant pursuant to Chapter 489, F.S. is not listed.
- The maximum of three corporate officers allowed for corporations in the construction industry has already been reached for the corporation listed on your application. If you are replacing a corporate officer who is exempt, the attached Revocation of Election to be Exempt form DWC-250 must be submitted by the officer being replaced.
- The Fraud Notice section of the exemption application is not signed.
- The Exemption Application is not signed by the applicant, or is not notarized.
- The \$50 processing fee was not submitted. All new and renewal exemption applications require a \$50 processing fee.
- You have submitted the incorrect exemption application form. Due to law changes effective 1-01-04, the new exemption application included must be used.
- Other: