


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P37713 1. Entity Name BOB BROOKS MOTOR COMPANY	
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Principal Place of Business 4411 SW 19 OKLAHOMA CITY, OK 73108 US	Mailing Address 4411 SW 19 OKLAHOMA CITY, OK 73108 US
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DO NOT WRITE IN THIS SPACE



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number 73-0785115	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000111701
 04/13/04-80030-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BROOKS, BOB 4411 SW 19 OKLAHOMA CITY, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROOKS, DAN 4411 SW 19 OKLAHOMA CITY, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROOKS, MARY A. 4411 SW 19 OKLAHOMA CITY, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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: *Lynda Brooks* **LYNDA BROOKS** 4-9-04 405-681-2592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #