

FILED
Jun 02, 2004 8:00 am
Secretary of State

05-04-2004 90126 040 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 243262 1. Entity Name BROOKING FORD TRACTOR COMPANY	
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Principal Place of Business 2212 HENNESEN DR. CLEARWATER, FL 33764	Mailing Address 2212 HENNESEN DR. CLEARWATER, FL 33764
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0912861	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**BROOKING, A H
2212 HENNESEN
CLEARWATER, FL 33764**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing)
Signature, typed or printed name of registered agent and title if applicable. 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PDT BROOKING, ALVIN H 2212 HENNESEN CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DUBEY, BETTY 905 BLUE LAKE CIRCLE RICHARDSON, TX
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD BROOKING, PAUL A 1095 3RD ST. NO. SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Alvin H. Brooking Alvin H. Brooking 5-26-04 727-533-0235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #