2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 307721

1. Entity Name

BROOKE CUSTOM CLEANERS INC



FILED Jul 30, 2004 8:00 am Secretary of State 07-30-2004 90012 023 ***558.75

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Principal Place of Business Mailing Address											
133 MAIN STREET DAYTONA BEACH FL 32118 US			133 MAIN STREET DAYTONA BEACH FL 32118 US					44051106			
2. Principal Pla	ace of Business	3. Mailing Address									
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				MOORE CR2E034 (4/04)					
City & State			City & State			•	4. FEI Number 59-1144987 Applied For Not Applicable				
Zip Country			Zip Country				5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Addr	legistered Agent			7. Name and	7. Name and Address of New Registered Agent					
						Name					
BAKER, STEVEN G 133 MAIN ST DAYTONA BEACH FL 32118					Sti	Street Address (P.O. Box Number is Not Acceptable)					
ואט	TONA BLACITI	L 32110									Ì
	4		<u>, </u>		Ci				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											
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State S.607. 193(2)(b), F.S., allows late fee. By checking this bo did not receive prior notice.						, the corpo	oration certifies it	9. Election Camp Trust Fund Co	,		00 May Be d to Fees
10.	Service of the servic	OFFICERS AND	DIRECTORS		11.		ADDITIONS	/CHANGES TO OF	FICERS AND D	IRECTORS	IN 11
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	DAYTONA BEACH	rr_/			4	-ir					
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	DAYTONA BEACH	FL			CITY-ST-Z			•			
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	BAKER, VIRGINIA S	3.			NAME			•			
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12. I hereby o	certify that the informat	ion supplied with	this filing does	not qualify for	the exempti	ion stated in	n Section 119.07(3)	(i). Florida Statutes	. I further certif	v that the ir	nformation

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 of 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:

PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 7-24-04

253-4583

Daytime Phone #