

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90040 001 ***158.75

DOCUMENT # 307721

1. Entity Name

BROOKE CUSTOM CLEANERS INC



Principal Place of Business

133 MAIN STREET
DAYTONA BEACH FL 32118
US

Mailing Address

133 MAIN STREET
DAYTONA BEACH FL 32118
US

40012050



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1144987

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, STEVEN G
133 MAIN ST
DAYTONA BEACH FL 32118

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPST	<input type="checkbox"/> Delete
NAME	BAKER, MAREA S	
STREET ADDRESS	2056 S HALIFAX	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, GEORGE H.	
STREET ADDRESS	2056 S. HALIFAX	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BAKER, STEVEN G.	
STREET ADDRESS	2056 S. HALIFAX	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, VIRGINIA S.	
STREET ADDRESS	2056 S. HALIFAX	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baker, marea s	
STREET ADDRESS	1982 Southcreek Blvd	
CITY-ST-ZIP	Port Orange, FL 32128	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baker, George H.	
STREET ADDRESS	1982 Southcreek Blvd	
CITY-ST-ZIP	Port Orange, FL 32128	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baker, Steven G.	
STREET ADDRESS	1982 Southcreek Blvd	
CITY-ST-ZIP	Port Orange, FL 32128	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baker, Virginia S.	
STREET ADDRESS	1982 Southcreek Blvd	
CITY-ST-ZIP	Port Orange, FL 32128	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Steven M. Baker President 1-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(386) 253-4583