

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FLI 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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | VPST | <input type="checkbox"/> Delete |
| NAME | BAKER, MAREA S | |
| STREET ADDRESS | 1982 SOUTHCREEK BLVD | |
| CITY-ST-ZIP | PORT ORANGE FL 32128 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BAKER, GEORGE H. | |
| STREET ADDRESS | 1982 SOUTHCREEK BLVD | |
| CITY-ST-ZIP | PORT ORANGE FL 32128 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BAKER, STEVEN G. | |
| STREET ADDRESS | 1982 SOUTHCREEK BLVD | |
| CITY-ST-ZIP | PORT ORANGE FL 32128 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BAKER, VIRGINIA S. | |
| STREET ADDRESS | 1982 SOUTHCREEK BLVD | |
| CITY-ST-ZIP | PORT ORANGE FL 32128 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | 000000487392 | |
| CITY-ST-ZIP | 04/13/06-80074-025 158.75 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 3-27-06 (386) 253-45**