


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 336613 1. Entity Name I.F. ROOKS & ASSOCIATES INC.																																																																																																																													
Principal Place of Business 106 NW DRANE ST PLANT CITY FL 33566 US			Mailing Address 106 NW DRANE ST PLANT CITY FL 33566 US																																																																																																																										
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 59-1262871 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>																																																																																																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																										
ROOKS, ISAAC F JR. 12206 BASS OAK CT RIVERVIEW FL 33569			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 _____ (NOTE: Registered Agent signature required when reinstating)																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">V</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROOKS, CAROLYN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4030 COASTAL HIGHWAY</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>ST AUGUSTINE FL 32095</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROOKS, I F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4030 COASTAL HIGHWAY</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>ST AUGUSTINE FL 32095</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROOKS, ISAAC F JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12206 BASS OAK CT</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>RIVERVIEW FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROOKS, EDWARD M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12208 BASS OAK COURT</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>RIVERVIEW FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	V	<input type="checkbox"/> Delete	NAME	ROOKS, CAROLYN		STREET ADDRESS	4030 COASTAL HIGHWAY		CITY- ST- ZIP	ST AUGUSTINE FL 32095		TITLE	STD	<input type="checkbox"/> Delete	NAME	ROOKS, I F		STREET ADDRESS	4030 COASTAL HIGHWAY		CITY- ST- ZIP	ST AUGUSTINE FL 32095		TITLE	PD	<input type="checkbox"/> Delete	NAME	ROOKS, ISAAC F JR		STREET ADDRESS	12206 BASS OAK CT		CITY- ST- ZIP	RIVERVIEW FL		TITLE	VD	<input type="checkbox"/> Delete	NAME	ROOKS, EDWARD M		STREET ADDRESS	12208 BASS OAK COURT		CITY- ST- ZIP	RIVERVIEW FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			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			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		
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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)(f), 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: _____ 2-19-04																																																																																																																													