

**FOR PROFIT CORPORATION
ANNUAL REPORT**

06-18-2008 90001 048 ***150.00

FILED 356541

2008 JUL -7 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 356541	
1. Entity Name BROOKINS COMMUNICATIONS, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # 9001 SHENANDOAH RUN	3. Mailing Address 9001 SHENANDOAH RUN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (5/07)

City & State WESLEY CHAPEL, FL	City & State WESLEY CHAPEL, FL	4. FEI Number 59-1282142	Applied For ☐ Not Applicable
Zip 33544	Country USA	Zip 33544	Country USA
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

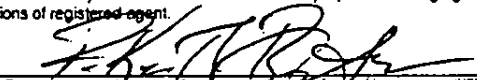
**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name R. KEITH BROOKINS
Street Address (P.O. Box Number is Not Acceptable) 9001 SHENANDOAH RUN
City WESLEY CHAPEL
State FL
Zip Code 33544

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 date if applicable

(NOTE: Registered Agent signature is necessary when filing a statement)

DATE

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$350.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

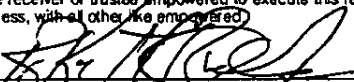
10. OFFICERS AND DIRECTORS

TITLE PRES/SECT	NAME R. KEITH BROOKINS
STREET ADDRESS 9001 SHENANDOAH RUN	
CITY- ST- ZIP WESLEY CHAPEL, FL 33544	
TITLE	NAME
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	NAME
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	NAME
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	NAME
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 on an attachment with an address, with all other like empowered

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #