2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004
Secretary of State

DOCUMENT# 378400

Entity Name: BROOKS PACKING ASSOCIATION, INC.

Current Principal Place of Business:

615 LAMAR AVE
BROOKSVILLE, FL 346057366

New Principal Place of Business:

132 S BROOKSVILLE AVE
BROOKSVILLE, FL 34601

Current Mailing Address:

PO BOX 366
BROOKSVILLE, FL 34605

New Mailing Address:

FEI Number: 59-1362838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELL, JANE M
615 LAMAR AVE
BROOKSVILLE, FL 346057366

Name and Address of New Registered Agent:

BELL, JANE M
132 S BROOKSVILLE AVE
BROOKSVILLE, FL 34601

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.

SIGNATURE: JANE M BELL 02/17/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BELL, JANE M
Address: 132 S BROOKSVILLE AVE
City-St-Zip: BROOKSVILLE, FL

Title: D ( ) Delete
Name: BELL,BARBARA JANE,
Address: 132 S. BROOKSVILLE AVE
City-St-Zip: BROOKSVILLE, FL

Title: D ( ) Delete
Name: BELL JR, A W
Address: 132 S BROOKSVILLE AVE
City-St-Zip: BROOKSVILLE, FL

Title: SD ( ) Delete
Name: DORSETT, BARBARA B
Address: 4701 OLD COURSE ROAD
City-St-Zip: CHARLOTTE, NC

Title: VP ( ) Delete
Name: DORSETT, III, C. POWERS
Address: 132 S. BROOKSVILLE AVE.
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE M BELL PD 02/17/2004
Electronic Signature of Signing Officer or Director Date