

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90043 024 \*\*\*150.00

**DOCUMENT # 518393**

1. Entity Name

BROOKS DENTAL LABORATORIES INC.



Principal Place of Business  
7501 STILLER LAKE ROAD  
PENSACOLA FL 32526

Mailing Address  
7501 STILLER LAKE ROAD  
PENSACOLA FL 32526



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1700400

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

BROOKS, KENNETH  
8201 EIGHT MILE CREEK ROAD  
PENSACOLA FL 32526

Name KENNETH BROOKS

Street Address (P.O. Box Number is Not Acceptable)  
7501 STILLER LAKE RD

City PENSACOLA

FL

Zip Code 32526

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

*Kenneth Brooks*

KENNETH BROOKS

3-12-07

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, 2007 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 DP  
NAME BROOKS, KENNETH  
STREET ADDRESS 8201 8 MILE CREEK RD  
CITY-ST-ZIP PENSACOLA, FL 00000 ☐ Delete

TITLE STD  
NAME BROOKS, GWENDOLYN A  
STREET ADDRESS 8201 8 MILE CREEK RD  
CITY-ST-ZIP PENSACOLA, FL 00000 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME BROOKS, KENNETH  
STREET ADDRESS 7501 STILLER LAKE RD  
CITY-ST-ZIP PENSACOLA FL 32526 ☒ Change ☐ Addition

TITLE STD  
NAME BROOKS, GWENDOLYN A  
STREET ADDRESS 7501 STILLER LAKE RD  
CITY-ST-ZIP PENSACOLA, FL 32526 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Gwendolyn A. Brooks*

GWENDOLYN A BROOKS

3-12-07

850 9445125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #