

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 568548

1. Entity Name
O.B. BROOKS & SONS GRASSING, INC.



Principal Place of Business
**230 SE HWY 41
P O BOX 848
WILLISTON, FL 32696 US**

Mailing Address
**US 41 S
P O BOX 848
WILLISTON, FL 32696 US**

DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1827988

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROOKS, BURKE E
US 41 S 4 MILES
WILLISTON, FL 32696**

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IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROOKS, BURKE
STREET ADDRESS	PO BOX N/A
CITY-ST-ZIP	WILLISTON, FL
TITLE	VD
NAME	BROOKS, RICHARD T
STREET ADDRESS	RT 4 BOX 1208
CITY-ST-ZIP	WILLISTON, FL
TITLE	ST
NAME	BROOKS, JETTIE G
STREET ADDRESS	PO BOX N/A
CITY-ST-ZIP	WILLISTON, FL
TITLE	AST
NAME	HEDDING, MICHELLE M
STREET ADDRESS	15750 N.E. 1ST ST
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/04-80054-008 150.00

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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)(i), 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: *Larry Brooks* *Richard T. Brooks* *1-21-04* *352-528-6766*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #