

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 568548

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



FILED
Feb 21, 2005 08:00 AM
Secretary of State

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**



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1827988	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, BURKE PO BOX N/A WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROOKS, RICHARD T RT 4 BOX 1208 WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROOKS, JETTIE G PO BOX N/A WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST HEDDING, MICHELLE M 15750 N.E. 1ST ST WILLISTON, FL 32696
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 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: Burke E. Brooks **Burke E. Brooks, 2/18/2005 352-528-6966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #