

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # 631678

1. Entity Name

DEBROOKS SPORTING GOODS, INC.



Principal Place of Business

107 FISHERMAN'S WHARF
FORT PIERCE FL 34950-9139

Mailing Address

107 FISHERMAN'S WHARF
FORT PIERCE FL 34950-9139



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number
59-1920401

Applied For
Not Applicable

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

KENNEY, SCOTT M.
515 S. INDIAN RIVER DRIVE
FORT PIERCE FL 33450

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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	P	☐ Delete
NAME	MIDDLEBROOKS, GLENN	
STREET ADDRESS	3474 S PINES DR	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	ST	☐ Delete
NAME	DEBOLT, DWIGHT	
STREET ADDRESS	122 QUEEN ANN CT	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VP	☐ Delete
NAME	DEBOLT, MARGIE	
STREET ADDRESS	122 QUEEN ANN CT	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, and 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 made under oath by 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 another line empowered

SIGNATURE

Glenn Middlebrooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GLENN MIDDLEBROOKS 2/16/06