

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90262 004 ***150.00

DOCUMENT # 681632

1. Entity Name
T.H. BROOKS AND ASSOCIATES, INC.



Principal Place of Business

4415 PARKBREEZE CT
ORLANDO, FL 32808 US

Mailing Address

4415 PARKBREEZE CT
ORLANDO, FL 32808 US

94076147



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2030380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOK, ALBERT R
5250 S US HWY 1792
CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent

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, 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 **ST** ☐ Delete
NAME **BROOKS, THEODORE H**
STREET ADDRESS **2093 PETERSON RD**
CITY - ST - ZIP **APOLKA, FL 32703**

TITLE **DP** ☐ Delete
NAME **BROOKS, GREGORY K**
STREET ADDRESS **6800 LUNAR LANE**
CITY - ST - ZIP **ORLANDO, FL 32812**

TITLE **VP** ☒ Delete
NAME **GOLDING, WALTER R**
STREET ADDRESS **10407 TAKA DR**
CITY - ST - ZIP **RIVERVIEW, FL 33569**

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 ☐ Addition
NAME
STREET ADDRESS **9509 SOUTHERN GARDEN CIRCLE**
CITY - ST - ZIP **ALTAMONTE SPRINGS, FL 32714**

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:

GREGORY K. BROOKS 4/27/04 407-298-2777
PRESIDENT Date Daytime Phone #