2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #846126

BROOKWOOD, LTD.-SOUTHEAST, INC.



FILED Mar 02, 2007 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

545 WAHOO RD

PANAMA CITY BCH, FL 32408

BAY POINT BOX 27790

PANAMA CITY BCH, FL 32411-7790 US



02252007 DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 58-1189655 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

MACK, THEODORE E ESQ. TED MACK P A 803 N CALHOUN ST TALLAHASSEE, FL 32303

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No Chg-P

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	e named entity submits this statement for the patients of registered agent.	surpose of changing its reg	stered office or	registered agent, or both, in	n the State of Florida. I am familiar with, and accept
SIGNATURE					
	Signature, typed or printed name of registered agent and title	f applicable, (NOTE: Re	gisterad Agent signati	re required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS					
TITLE	PD				
NAME	GUMMELS, KENNETH P				
STREET ADDRESS	545 WAHOO RD, BAY POINT BOX 27790				
CITY-ST-ZIP	PANAMA CITY BCH, FL 324117790				Undahaetoeat

03/13/07-80031-015 150.00

TITLE NAME **GUMMELS, KENNETH P** 545 WOHOO ROAD, BAY POINT BX 27790 STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 324117790 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 of the corporation or the receive changed, or on an attachment

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

2/27/2007

850-233-8800

Daylime Phone #