

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000728

FILED  
Mar 20, 2007  
Secretary of State

Entity Name: BROOKS MACHINERY, INCORPORATED

## Current Principal Place of Business:

5955 PEACHTREE CORNERS EAST  
NORCROSS, GA 30071

## New Principal Place of Business:

2408 TECHNOLOGY CENTER PARKWAY  
LAWRENCEVILLE, GA 30043

## Current Mailing Address:

5955 PEACHTREE CORNERS EAST  
NORCROSS, GA 30071

## New Mailing Address:

2408 TECHNOLOGY CENTER PARKWAY  
LAWRENCEVILLE, GA 300430

FEI Number: 58-1052652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CASTEEL, DAVID  
Address: 867 RYAN LANE  
City-St-Zip: LILBURN, GA 30047

Title: CEO ( ) Delete  
Name: JONES, RICK  
Address: 5824 NORTH COVE RD.  
City-St-Zip: GAINESVILLE, GA 30501

Title: S ( ) Delete  
Name: CASTEEL, RITA  
Address: 867 RYAN LANE  
City-St-Zip: LILBURN, GA 30047

Title: T (X) Delete  
Name: JONES, SHARON  
Address: 5824 NORTH COVE RD.  
City-St-Zip: GAINESVILLE, GA 30501

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: CASTEEL, DAVID  
Address: 867 RYAN LANE  
City-St-Zip: LILBURN, GA 30047

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. CASTEEL

P

03/20/2007

Electronic Signature of Signing Officer or Director

Date