

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90016 019 \*\*\*150.00

**DOCUMENT # F02005**

1. Entity Name  
**BROOKS EXTERMINATING OF CLEWISTON, INC.**



Principal Place of Business  
**700 E ALVERDEZ  
PO BOX 657  
CLEWISTON, FL 33440-3905**

Mailing Address  
**700 E ALVERDEZ  
PO BOX 657  
CLEWISTON, FL 33440-3905**

**44022832**



2. Principal Place of Business  
**1095 Lake Crest Drive**

3. Mailing Address  
**1095 Lake Crest Drive**

03172004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.  
**Holiday Shores**

Suite, Apt. #, etc.  
**Holiday Shores**

City & State  
**Sparta, GA**

City & State  
**Sparta, GA**

4. FEI Number  
**59-2037843**

Applied For  
Not Applicable

Zip  
**31087**

Country  
**USA**

Zip  
**31087**

Country  
**USA**

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

**BROOKS, RICHARD M  
816 SAWGRASS STREET  
CLEWISTON, FL 33440**

Name  
**John B. Boy Jr.**  
Street Address (D.O. Box Number, if applicable)  
**401 S. W. Owen Avenue**

City  
**Clewiston**

FL

Zip Code  
**33440**

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 **John B. Boy Jr. CPA**

**3/17/04**

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, 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 PDV  
NAME BROOKS, RICHARD M  
STREET ADDRESS 816 SAWGRASS ST  
CITY-ST-ZIP CLEWISTON, FL 33440 ☐ Delete

TITLE T.S.  
NAME BROOKS, LINDA A  
STREET ADDRESS 816 SAWGRASS ST  
CITY-ST-ZIP CLEWISTON, FL 33440 ☐ Delete

TITLE S  
NAME BROOKS, LORI  
STREET ADDRESS 816 SAWGRASS ST  
CITY-ST-ZIP CLEWISTON, FL 33440 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDV  
NAME Richard M. Brooks  
STREET ADDRESS 1095 Lake Crest Drive  
CITY-ST-ZIP Sparta, GA 31087 ☒ Change ☐ Addition

TITLE TDS  
NAME Linda A. Brooks  
STREET ADDRESS 1095 Lake Crest Drive  
CITY-ST-ZIP Sparta, GA 31087 ☒ Change ☐ Addition

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

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

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

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

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: **Richard Brooks RICHARD BROOKS**

**3/26/04 7064449429**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #