

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000004607

1. Entity Name
BROOKVILLE ASSOCIATES, INC.



Principal Place of Business
1251 DUBLIN RD.
COLUMBUS, OH 43215

Mailing Address
C/O CROWN NORTHCORP, INC.
1251 DUBLIN RD.
COLUMBUS, OH 43215

FILED

04 JUN -8 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03282003 No Chg-P CR2E034 (10/03) 04

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-0906780
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CP
ROARK, RONALD E
1251 DUBLIN RD.
COLUMBUS, OH 43215

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
BROWN, STEPHEN W
1251 DUBLIN RD.
COLUMBUS, OH 43215

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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06/24/04--01076--008 **550.00

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IN THIS SPACE**

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: STEPHEN W. BROWN, SECRETARY
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/4/04 Daytime Phone: 444/4857576