

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000000829

1. Entity Name
BROCK MAINTENANCE INC.



Principal Place of Business
**7305 UP RIVER ROAD
CORPUS CHRISTI, TX 78409**

Mailing Address
**PO BOX 306
BEAUMONT, TX 77704**



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0522180

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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000229496
02/14/05-80082-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, JEFF 7305 UP RIVER ROAD CORPUS CHRISTI, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCK, TODD 7305 UP RIVER ROAD CORPUS CHRISTI, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, PHIL 7305 UP RIVER ROAD CORPUS CHRISTI, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURGUEIN, LORIN 7305 UP RIVER ROAD CORPUS CHRISTI, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phil Smith
2/19/05
Date

Daytime Phone # _____