

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G67955

FILED
Feb 23, 2005
Secretary of State

Entity Name: BROOKS, WILEY, YOUNG, PADGETT & KLEISER, P.A.

Current Principal Place of Business:

206 NORTH 3RD STREET
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

206 NORTH 3RD STREET
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-2330606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, W. THOMAS
206 NORTH 3RD STREET
LEESBURG, FL 34748 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: DT () Delete
Name: BROOKS, W. THOMAS,
Address: 416 BROOKS LANE
City-St-Zip: LEESBURG, FL

Title: DVP () Delete
Name: WILEY, TOM
Address: 206 NORTH 3RD STREET
City-St-Zip: LEESBURG, FL

Title: DP () Delete
Name: YOUNG, HERBERT P.,
Address: 707 HILLTOP DRIVE
City-St-Zip: FRUITLAND, FL

Title: DS () Delete
Name: PADGETT, GREG,
Address: 206 N THIRD STREET
City-St-Zip: LEESBURG, FL

Title: DVP () Delete
Name: KLEISER, CHERI,
Address: 206 N THIRD STREET
City-St-Zip: LEESBURG, FL

Title: D () Delete
Name: WILEY, LEE
Address: P O BOX 1055
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: TOM WILEY

PRES

02/23/2005

Electronic Signature of Signing Officer or Director

_____ Date