

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G84288

Entity Name: T.D. BROOKS, INC.

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

C/O T. DANIEL BROOKS  
834 BEACH BOULEVARD  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

C/O T. DANIEL BROOKS  
834 BEACH BOULEVARD  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: 59-2366999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROOKS, T. DANIEL  
834 BEACH BOULEVARD  
JACKSONVILLE BEACH, FL 32250 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

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: BROOKS, T. DANIEL  
Address: 834 BEACH BOULEVARD  
City-St-Zip: JACKSONVILLE BCH., FL

I hereby 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 all other like empowered.

SIGNATURE: T. DANIEL BROOKS

PTS

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date