

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90019 016 ***158.75

DOCUMENT # H24721

1. Entity Name

BROOKS RAYMOND GROUP, INC.



Principal Place of Business

**2502 - 21ST AVE S W
LARGO FL 34644**

Mailing Address

**6705 ISLANDER LN
TAMPA FL 33615
US**

2. Principal Place of Business

6705 ISLANDER LN

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Suite, Apt. #, etc.

Zip

33615

Country

Hillsborough

Zip

Country

6. Name and Address of Current Registered Agent

**BROOKS, RAYMOND E JR
6705 ISLANDER LN
TAMPA FL 33615**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
BROOKS, RAYMOND E JR
12315-B 62ND ST.N.
LARGO FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
OZVALDO ORDAZ
6705 ISLANDER LANE
TAMPA FL 33615** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
COX, MASON PH.D
11079-TRADEWINDS BLVD.
LARGO FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
ORDAZ, OSWALDO
6705 ISLANDER LANE
TAMPA FL 33615** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
HOSKINS, NANCY
809 WEST WATERS AVENUE
TAMPA FL 33604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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:

RAYMOND E. BROOKS 2/2/04

813-991-1601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #