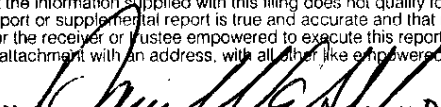


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90065 013 ***150.00

DOCUMENT # H29458 1. Entity Name BROOKS ENTERPRISES OF BREVARD, INC.							
Principal Place of Business 7862 ELLIS ROAD W. MELBOURNE, FL 32904			Mailing Address 7862 ELLIS ROAD W. MELBOURNE, FL 32904				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01052004 Chg-P CR2E034 (10/03) 4. FEI Number 59-2461551 <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
City & State		City & State					
Zip	Country	Zip	Country				
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent VAN SLYKE, DANIEL, SR 7862 ELLIS ROAD W. MELBOURNE, FL 32904				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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VAN SLYKE, DANIEL B 3240 HIELD ROAD MELBOURNE, FL	☐ Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LUTZ, DALLAS P 665 WATERWOOD WAY MELBOURNE, FL	☐ Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. RANDALL G. PORCH 2002 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904	☐ Change ☒ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition					
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: x  DANIEL B. VAN SLYKE 1-13-2004 EXT 204 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							