

ANNUAL REPORT

FD

Jan 15, 200

Secreta

DOCUMENT # K46030

1. Entity Name

BROOKS AND AMADEN, INC.



Principal Place of Business

205 RIDGEWOOD AVE.

BRANDON, FL 33510 US

Mailing Address

P. O. BOX 1129

BRANDON, FL 33509-1129 US



01132004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-2921449

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

 AMADEN, WALTER D.
2001 OAKWOOD KNOLL CT.
VALRICO, FL 33594
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, 2004 Fee will be \$550.00

 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	DPT AMADEN, WALTER D. 2001 OAKWOOD KNOLL CT. VALRICO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DOUGHTY, LEROY C. 801 COULTER PLACE BRANDON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AMADEN, TODD C 1602 OAKMONT DRIVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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

Leroy C. Doughty

Date

1/13/04

Daytime Phone #

813-653-1125