

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K46030

1. Entity Name
BROOKS AND AMADEN, INC.



**FILED
Jan 07, 2005 8:00 am
Secretary of State**

01-07-2005 90003 038 ***158.75

Principal Place of Business	Mailing Address
205 RIDGEWOOD AVE. BRANDON, FL 33510 US	P. O. BOX 1129 BRANDON, FL 33509-1129 US

2. Principal Place of Business	3. Mailing Address
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City & State	City & State
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Zip	Country	Zip	Count
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01012005 Cba-B CR2E034 (10/03)

4. FEI Number 59-2921449	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent _____

AMADEN, WALTER D. 2001 OAKWOOD KNOLL CT. VALRICO, FL 33594	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL

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, 2005 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		
<p>TITLE DPT</p> <p>NAME AMADEN, WALTER D.</p> <p>STREET ADDRESS 2001 OAKWOOD KNOLL CT.</p> <p>CITY ST ZIP VALrico, FL</p>	<input type="checkbox"/> Delete	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY ST ZIP</p>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CITY-ST-ZIP		VALrico, FL	CITY-ST-ZIP		
TITLE	DVS		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGHTY, LEROY C.			NAME	
STREET ADDRESS	801 COULTER PLACE			STREET ADDRESS	
	TAMPA, FL 33607			STATE ZIP	

CITY-ST-ZIP	BRANDON, FL	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV	<input checked="" type="checkbox"/> Delete	
NAME	AMADEN, TODD C		
STREET ADDRESS	1602 OAKMONT DRIVE		

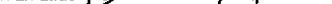
CITY-ST-ZIP	BRANDON, FL 33511	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		

CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS	

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.

changed, or on an attachment with an address, with an other info empowered.

SIGNATURE:  **Leroy C. Doughty** **01/04/05** **813-653-1125**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #