


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE		



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2921449	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMADEN, WALTER D. 2001 OAKWOOD KNOLL CT. VALRICO, FL 33594
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**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000382501
01/12/06-80015-009 158.75

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
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TITLE NAME 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 exemptions contained in Chapter 119, 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: Walter D. Amaden **WALTER D AMADEN** 1/4/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #