

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 FEB -5 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02012007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # K46030</b> 1. Entity Name <b>BROOKS AND AMADEN, INC.</b>					
Principal Place of Business <b>205 RIDGEWOOD AVE.</b> <b>BRANDON, FL 33510 US</b>			Mailing Address <b>P. O. BOX 1129</b> <b>BRANDON, FL 33509-1129 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2921449</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AMADEN, WALTER D.</b> <b>2001 OAKWOOD KNOLL CT.</b> <b>VALRICO, FL 33594</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>400088288384</b> <b>02/14/07--01011--017 **61.25</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>AMADEN, WALTER D.</b> <b>2001 OAKWOOD KNOLL CT.</b> <b>VALRICO, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SHERRILL, WALTER C., JR.</b> <b>18113 JORENE RD.</b> <b>ODESSA, FL 33556</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>DOUGHTY, LEROY C.</b> <b>801 COULTER PLACE</b> <b>BRANDON, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B. 2/1/07</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Leroy C. Doughty</b> Date <b>2/1/07</b> Daytime Phone # <b>813-653-1125</b>		